

Research Proposal for 10 Free Bouncy Bands



Contact Name: _____ School Position: _____

School Name: _____ Phone: () _____

Street Address: _____

City: _____ State: _____ Zipcode _____

On a separate sheet of paper, please respond to the following 6 questions:

1. How many students are in your school? How many students will be involved in the research? What grade are you focusing on? Would you prefer to use the Bouncy Bands for Chairs or Desks?
2. What behavior changes do you want to monitor to see if the Bouncy Bands have a positive effect? (Student attendance, discipline, focus, participation, work completion, time on task, etc.)
3. How will you monitor the students' behaviors with minimal interruption to instruction? What frequency and duration can you reasonably commit to for this project?
4. How can you get teacher, student, parent, and/or administrative feedback?
5. Why do you think Bouncy Bands will help the students you select?
6. What do you anticipate as your greatest barriers to implementing this research project? How do you plan to overcome these barriers? Who can you collaborate with at your school?

We would like to apply for this research proposal to see if Bouncy Bands help our students.

School Contact Signature & Date

Principal's Signature & Date

Contact Email: _____ Principal's Email: _____

Note: All students who participate in your research study must have a signed parent permission form completed before any research can begin. If your proposal is accepted, these must be scanned and emailed to receive the free Bouncy Bands. They will be provided if your research proposal is accepted.

Email your proposal to: Scott@BouncyBands.com – OR– Fax it to: (646) 349-5344