

**Administrator Consent Form**  
Hawaii State Department of Education (HIDOE)

*All fields in this form except the HIDOE school/office administrator signature and date fields on the final page must be completed by the researcher prior to transmission to the HIDOE administrator.*

**Part I: Researcher Information**

Researcher name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department/Program: \_\_\_\_\_

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**Part II: Overview of Research Activities**

Purpose:

Desired outcomes:

Anticipated uses of HIDOE data:

HIDOE school(s) and/or office(s) that are the site or focus of the research activities:

Proposed research activities (including accessing and using extant HIDOE data):

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Quantity and type(s) of desired participants (e.g., 3 teachers, 25 students):

Estimated time required for participation for each participant type (average number of minutes):

Frequency and duration of research activities (e.g., how often, for how long, start and end dates):

Requested HIDOE data:

Additional information that illustrates 1) the impact of participation on participants and the targeted HIDOE school(s) and/or office(s) and 2) the value of the research activities to HIDOE:

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**Part III: Administrator Statement of Consent**

I, \_\_\_\_\_, have reviewed the overview  
Administrator name  
of the research activities above (Part II of this form), and give my consent for these research activities to be implemented at the HIDOE school/office listed below.

*Note: Participation in the research activities by HIDOE students, parents, and personnel is on a strictly voluntary basis and is not guaranteed by the consent of the HIDOE school/office administrator.*

Administrator Title: \_\_\_\_\_

HIDOE school or office: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*HIDOE employees with questions about this form should contact:*

*Data Governance and Analysis Branch*

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*(808) 784-6061*