

School/Community Relations

Research Requests Agreement

AGREEMENT FOR RESEARCH STUDY

To be completed by the Investigator and submitted in duplicate.

Topic _____ Date _____

Name of Investigator _____ Phone _____

Address _____

Investigator's University or Institution _____

Purpose of the Study (describe briefly): _____

Procedure: _____

Students to be involved: How many _____ Age, grade, or class _____

Schools _____

Total time required: During school time _____ Out of school time _____

Beginning date _____ Ending date _____

Teachers involved _____

How will this study contribute to professional knowledge that can lead to educational improvement? _____

List and attach the instruments to be used _____
