



SUMMARY OF REQUEST TO CONDUCT RESEARCH

TUSD Office of Accountability and Research

Name:

Date:

Position/Title/Institution:

Title of Research:

Purpose of Research:

Hypothesis/Questions:

Methods/Treatment/Instruments:

Number of Students/ Teachers :
(include grade level)

Names of schools:

Time/resources needed:

Additional Comments:

You will need to obtain ACTIVE (signed parental consent for each student) parental consent before having contact with students.

RETURN TO:

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