



Haslett Public Schools

REQUEST FOR RESEARCH

Project Applicant:

Name _____ Phone _____
Address _____

Project Title: _____

Research to be conducted under the auspices of: _____
(University/Department)

Major Project Advisor: _____

Date Project Submitted: _____
Proposed Project Beginning Date: _____
Proposed Project Conclusion Date: _____

Purpose of Research: _____

Methodology and Instrumentation: _____

Proposed Involvement of Staff, Students and Facilities: _____

Use of Responses and Observations: _____

Researcher's Perceived Benefits of Project to the Haslett Public School District, Students, Parents/Guardians: _____

Proposed Presentation of Findings to the School District: _____

Research Agreement with the Haslett Public Schools

As a researcher in the Haslett Public Schools, I agree...

- That no child shall be a part of my research without prior notification and signed permission of said child's parent or legal guardian and where said child's parent or legal guardian has had the opportunity to withdraw that child from the research
- Not to use research data, information and/or materials in any way that would invade the privacy of the child or his/her family, the rights of confidentiality being paramount

Signature of Researcher

Date

_____ Approval given

_____ Approval denied

Reason: _____

Signature of Superintendent

Date