

PERMISSION TO ENGAGE IN RESEARCH
(PER Form)

Name of institution sponsoring research

Agency funding project

Project funding level

Name of project leader

Name of researcher

Address

Phone Number

Anticipated beginning date

Anticipated completion date

Name of Mesa District contact

I. PURPOSE OF STUDY

II. SAMPLE (Who, Number, When)

III. CLASSROOM PROCEDURES (How long, How many times)

IV. TREATMENT/VARIABLES

V. RESEARCH DESIGN

VI. Evaluation Instruments (Please supply copy.)