Request to Superintendent’s Office
For
Survey Participation

Yakima School District

Date: ____________________
Dept: ____________________
Survey Date: ____________________

1. Person(s) requesting survey: ____________________________________________

2. Purpose of survey (organizational needs, higher education degree requirement, etc):
   ___ Advanced Degree Requirement
   ___ Federal/State Requirement
   ___ Other—Explain _______________________________________________________

3. To whom will this be administered, under what conditions?
   ___ Management Team
   ___ Certificated—Specify__________________________________________________
   ___ Classified—Specify___________________________________________________
   ___ Student Level ___ K-5 Specify__________________________________________
       ___ 6-8 Specify_______________________________________________________
       ___ 10-12 Specify___________________________________________________

4. If this survey is agreed upon, with whom will survey results be shared? What protections exist for students of the district?

5. Signature of requesting person(s) ___________________________________________
   Address: __________________________________________________________________
   Phone Number: Work: ____________________
   Home: ____________________

6. Please attach a copy of your survey, your approval for human subject research and your higher education proposal or any other description of your project.