

408 Wembley Drive, Sudbury, Ontario P3E 1P2 | Tel: 705.674.3171 | Toll Free: 1.888.421.2661 | rainbowschools.ca

FILE NO.: [Research Request] 1. Principal Researcher's Name: Telephone: 2. Address: Fax: E-mail: 3. School or Institution Represented: 4. A) Staff Advisor/Supervisor: B) Other Researchers: 5. Title of Project: 6. Object of Project: **Estimated Completion Date:** 7. Proposed Starting Date: 8. Outline of proposal (give methodology rather than literature). Attach detailed outline: 9. List instruments to be used (enclose copies of these <u>or</u> explanation if instruments not available): 10. List all letters to schools, parents, etc., requesting permission and/or eliciting their cooperation. [Enclose copies of these.]:



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11.	11. Indicate number of students needed at each grade level:		
	□ Individual or □ group testing		
	Approximate consumption of: (a) each student's time:		
	(b) Teachers' time* and (c) sch	ool administration time*	
	* Specify:		
12.	Results:		
	What will be the value of the results of your research? In gene	ral and to our schools?:	
13.	Has proposal been subjected to an ethics review*? Yes \Box If yes, provide copy.	No □	
	*Laurentian University proposals must be accompanied by de	partment or university ethics approval.	
	If no, answer the following: Method of obtaining consent of subjects (or reason why this c	annot be obtained):	
	Method of informing subjects of right of withdrawal:		
	Describe method of obtaining security of personal information linked to individual subjects by unauthorized persons:	(including test scores) which could be	
14.	It is understood that, if permission is granted to conduct this regiven to the Rainbow District School Board upon completion research report should be available to the Board if requested.	<u> </u>	
	I agree to the above conditions.		
	Signature:	Date:	