



Yakima School District

Request to Superintendent's Office For Research Study

The District requires a minimum of four weeks to process all research requests.

Please return to:
Alicia Jacob
Assessment, Evaluation and Research
104 N. 4th Avenue
Yakima, WA 98902-2698
509-573-7034
Fax: 509-573-7133

Date: _____

1. Person(s) requesting research study:

Dept: _____

_____ Research Study Date: _____

2. Purpose of research study (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 research study is agreed upon, with whom will study 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 research study, your approval for human subject research and your higher education proposal or any other description of your project.