



Yakima School District

# Request to Superintendent's Office For Survey Participation

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

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

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.