

PRINCIPAL AND SUPERINTENDENT CONSENT

1. PRINCIPAL

a. I have reviewed the Research Study Request for _____

b. entitled _____

c. I (*X one*) agree disagree that my school will participate in this research study.

I also understand that given my consent, this research will be conducted in accordance with Department of Defense Education Activity (DoDEA) policy.

d. Date (YYYYMMDD)

e. School Name

f. Principal's Name (*Last, First, Middle Initial*)

g. Principal's Signature

Please forward this request to your Superintendent after completion of this form.

2. SUPERINTENDENT

a. I (*X one*) agree disagree that my school will participate in this research study.

I also understand that given my consent, this research will be conducted in accordance with Department of Defense Education Activity (DoDEA) policy.

b. Date (YYYYMMDD)

c. Superintendent's Name (*Last, First, Middle Initial*)

d. Superintendent's Signature

3. TO BE COMPLETED BY THE PRINCIPAL AND SUPERINTENDENT

If you disagreed above, please state your reasons below.

Superintendent: Return to the DODEA: Chief, Research and Evaluation Branch

Fax: (703) 588-3766