

APPENDIX II
APPLICATION FOR DOING A RESEARCH INVESTIGATION

Name _____ Date _____
Affiliation _____ Phone _____ E-Mail _____

1. This Investigation is for:
Course Requirement* _____, Graduate Requirement _____ Professional Interest _____
*If a Course Requirement: Name of Instructor: _____ Email: _____
 2. Brief Description of Study:
 3. Has a Human Subjects Committee approved your protocol or investigation? Yes No
If yes please attach a copy of the approval document.
If not, have you applied for approval? Yes No
(Studies requiring interviews require approval by an ethic committee assigned this responsibility at a university or research institute.)
 4. Requested dates for collecting data at Lemberg _____
 5. What will your study require of participants? (e.g., Observation, individual or group testing, questionnaires to parents)
 6. Will your subjects be children __ teachers __ and/or parents ____
 7. Amount of time required per subject _____
 8. Number of subjects needed _____
 9. What are the required characteristics of subjects (e.g., ages, gender, home language, race, income)
 10. Will the study require voice or personal image recording? Yes No
 11. Is there any funding provided for the study to provide an honorarium? Yes No
If Yes, Source _____ Amt. for subject payment _____
 12. Do you agree to send us a copy of your completed study and publication that include data received from the Lemberg community? Yes No
- Approved _____ - Executive Director Date _____

_____ - Research Review Representative