



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

SURVEY ADMINISTRATION REQUEST AND APPROVAL

Requester's name: _____ Title: _____

Organization/agency/department: _____

Check one: Teacher/Campus Staff SAISD Department Outside Organization/Agency

Address (if not SAISD Campus/Dept.): _____

City: _____

Zip: _____

Phone: _____

Fax: _____

Signature: _____

Date submitted: _____

- Complete both pages of this form.
Attach a copy of the survey/questionnaire instrument to this request form.
Submit as follows:
Teachers/other campus staff -> Principal.
All other requesters -> Director of Parent, Community & Business Partnerships Department.

Please explain the following. Use additional page if necessary.

1. The purpose for the survey/questionnaire:

Three horizontal lines for writing the purpose of the survey.

2. The topics covered:

Three horizontal lines for writing the topics covered.

3. The method of administration of the survey (when, where, by whom will it be given):

Three horizontal lines for writing the method of administration.

4. The targeted participants (grade level, etc.):

Three horizontal lines for writing the targeted participants.

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

5. The intended uses of the results:

6. The procedures that will be used to protect the privacy of students:

7. The procedures for disposal or retention of the surveys after they have been used for the purpose listed:

Does the survey include controversial/sensitive/personal topics? Yes No

If **YES**, send to Parent Survey Review Committee following approval by principal.

Review by Principal: Approved Not Approved

Date of review: _____

Signature of Principal: _____

Review by District Parent Survey Review Committee:

Date of review: _____

Does survey content require expressed written approval by parent/guardian? Yes No

Concerns:

This request and the attached survey have been reviewed by the committee.

Signature of Director or designee for the committee: _____

Date: _____

Return original to Requester

Copy to Principal

Copy for file