



# 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:

2. The topics covered:

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

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

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.

