

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

SURVEY ADMINISTRATION REQUEST AND APPROVAL

Requester's name:			Title:	
Organization	a/agency/department:			
Check one:	Teacher/Campus Staff	SAISD Department	Outside Organization/Agend	су
Address (if n	ot 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 \rightarrow Principal.
 - All other requesters \rightarrow 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.

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?			
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