



### Survey Review Request Form

Date of Request: \_\_\_\_\_ School: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Name of Survey: \_\_\_\_\_

Name of Survey Data Collection Individual/Organization: \_\_\_\_\_

Date of Proposed Survey \_\_\_\_\_

Curriculum Standards Addressed: \_\_\_\_\_

Description of the Survey and Educational Benefits:

Number of Students Participating: \_\_\_\_\_

Grade Level of Students to be surveyed: \_\_\_\_\_

How will be survey be delivered?                      PAPER                      ELECTRONIC

**\*\*Please attach a copy of the survey to this form for review\*\***

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

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**To be completed by District Office:**

APPROVED                      NOT APPROVED

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date

**\*\*All requests must be filled out completely and submitted 14 calendar days prior to the proposed date of the survey for consideration\*\***