# **RESEARCH PROJECT SUMMARY FORM**

The University of Iowa  
COLLEGE OF EDUCATION

**Please fill in all blanks on this form. Provide as much information and detail as possible. Sign and mail the completed form to the district administrator with the other materials listed on CSP web site (http://www.education.uiowa.edu/csp).**

**Project Title:**

**Principal Investigator:**

**Mailing Address:**

**Department and Division:**

**Phone Number:**

**E-mail Address:**

**Faculty Supervisor (if applicable):**

**Mailing Address:**

**Department and Division:**

**Phone Number:**

**E-mail Address:**

**Type of Project:** **🞏 Faculty/Staff Research 🞏 Master's Thesis 🞏 Ph.D. Dissertation**

**🞏 Other If other, explain:**

**Time period during which data will be collected:**

**Participants needed and specific schools where data to be collected (include how many, grade level/age, and/or other specific characteristics required):**

In cases where informal contact was made with school personnel, provide the names, titles, and information regarding the extent to which the individuals are willing to cooperate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Purpose of the Project:**

**Benefits of the Project:**

**Description of Research Tasks/Procedures (provide as much detail as possible;** **attach a copy of all written materials that will be used**):

**List any information that may be needed from school records:**

**List any potential risks involved with the project and how these risks will be addressed:**

**Signature of Principal Investigator**   **Signature of Faculty Supervisor (if applicable)**