



**Lancaster Independent School District  
Office of Research and Evaluation**

**Form I - Data Collection – Time Requirements**

<b>MAIN PROJECT CONTACT INFORMATION</b>		<b>Project ID:</b>
First Name:	Last Name:	
Position:	Organization	

Project Title:

**PARTICIPANT INVOLVEMENT**

Indicate the participant(s) involved in the project.

<input type="checkbox"/> Students <input type="checkbox"/> Teachers <input type="checkbox"/> Campus Administrators	<input type="checkbox"/> Parents <input type="checkbox"/> Campus Staff <input type="checkbox"/> Other
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**DATA COLLECTION TIME REQUIREMENT**

Please indicate the number of participants, time required, and frequency for each method involved in your study. Skip the participant rows which do not apply to your study. Provide a copy of all study instruments (e.g., survey questions, interview protocol, etc.) as part of your supporting documents. If applicable, provide the names, job titles, and institutional affiliations of any research/evaluation assistants who will collect data.

- Minutes – time required for each survey, interview, etc. (in minutes)
- Frequency – how many will take place during the course of your study.

<b>Number of Participants</b>	<b>Survey Assessments</b>		<b>Interview Focus Groups</b>		<b>Observation</b>		<b>Audio/Video Recording</b>	
	<b>No.</b>	<i>Minutes</i>	<i>Frequency</i>	<i>Minutes</i>	<i>Frequency</i>	<i>Minutes</i>	<i>Frequency</i>	<i>Minutes</i>
<b>Students</b>								
<b>Teachers</b>								
<b>Campus Administrators</b>								
<b>Campus Staff</b>								
<b>Parent/Guardian</b>								
<b>Other</b>								