

RELATIONS WITH EDUCATIONAL ENTITIES
COLLEGES AND UNIVERSITIES

GNC
(EXHIBIT)

The following forms will be used by the District in approving outside groups to conduct re-
search in District schools:

- Exhibit A: Application to Conduct Research — 1 page
- Exhibit B: Behavior Rating Scale Response Letter — 1 page
- Exhibit C: Release of Information — 1 page

EXHIBIT A

APPLICATION TO CONDUCT RESEARCH

Name: _____

Address: _____

Telephone Number: _____

Affiliation: _____

Abstract (purpose, rationale, sample design and procedures, data collection procedures, analysis procedures, use of results):

(use reverse side of sheet if necessary)

Instrumentation (attach): _____

If you are conducting research as part of a graduate program, please indicate:

Degree on which working (circle one): Masters Doctorate

Approval of Professor or Committee (circle one): Yes No

Name, address, and phone of supervising professor or advisor:

Signature of Applicant

EXHIBIT B

Dear Dr. _____

Attached are the Behavior Rating Scales completed on _____ as you requested. We are aware that all such scales have a very low reliability and that the information should only be used to reinforce the results of other, more accurate measures. It should also be remembered that this view of the student is situation specific and does not rate him or her to age-mates in general.

Please feel free to contact me directly if you need further assistance in treating this child.

Yours very truly,

Psychologist/Physician

EXHIBIT C

RELEASE OF INFORMATION

I, _____, as parent or guardian of _____
do hereby authorize the school counselor of _____ school to as-
sist my child's teachers to complete the behavior rating scales that have been requested by
my child's physician/psychologist.

I further authorize the release of this information, as well as other information the counselor
may obtain that will assist in the diagnosis and/or treatment of my child, to the following
health service professional:

PROFESSIONAL'S NAME: _____

ADDRESS: _____

PHONE: _____

Signature of Parent or Guardian: _____

Student ID _____ DOB: _____

Area of concern _____