EXHIBIT 2

JUDSON ISD EXTERNAL RESEARCH REQUEST REVIEW FORM

Name of applicant:

Title of project:

Date received:

Reviewer, please indicate your recommendation below referring to the criteria on the reverse side of this form.

_____ I recommend approval of the project, as submitted, in accordance with the JISD procedures for External Research.

_____ I recommend approval of the project, with the following conditions and modifications:

_____ I recommend the project not be approved for the following reasons:
(You must give specific reasons referencing the submitted materials.)

Additional feedback:

Reviewer (Print) _____ Date _____

Title _____ Signature _____

Please return to: pjohnson@judsonisd.org

EXHIBIT 3

CRITERIA FOR COMPLETING RESEARCH REQUEST REVIEW

CRITERIA USED IN REVIEWING RESEARCH

(1) Research will generally not be approved to start prior to the fourth week of school or continue into the last two weeks of school.

(2) The extent to which Judson ISD will directly benefit from the study:
   (1) Specific use in Judson ISD for results and findings
   (2) Materials and/or services donated.

(3) Impact on instruct