

VCU Child Development Center Research Request Form

Please complete this form and submit to Alyson Williams, CDC Director, at aewilliams@vcu.edu

I. Contact Information

Investigator(s)

Home Address

Home Phone (with area code)

Email Address

Business Address

Business Phone

II. University Affiliation

Undergraduate

Graduate

Faculty

Other--Please Specify

Other

Department Affiliation

If research is being conducted under faculty supervision, please give name of advisor and department

Advisor

Department

IV. Research Project

Title of Research Project

A brief description of the nature, scope, and purpose of proposed study

Begin date of project

End date of project

Participants

Children (Toddlers / Twos)

Children (Preschool age 3-5)

Teachers

Families

Other (please specify)

Other

Other sites where research will be conducted

V. Research will satisfy

Class project

Thesis

Dissertation

Faculty research

Grant-funded research

Other (please specify)

Other

What sources of funding are being used to support this study?

Has this study received Human Subjects clearance through IRB?

Yes (please attach verification)

No

VI. Your work with the CDC

In what ways will the project benefit the children, staff, and families at the CDC?

Briefly describe any staff professional development, family workshops, publications, or presentations that you will provide for / collaborate with CDC as a result of this research.