

# DURHAM DISTRICT SCHOOL BOARD INTERNAL RESEARCH PROJECT FORM

Researcher(s): \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Objectives: \_\_\_\_\_

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Process: \_\_\_\_\_

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**Please Check:**

\_\_\_\_\_ I/We have read Durham's *Research Procedure* and will make every attempt to follow it.

\_\_\_\_\_ I/We will send a copy of this *Internal Research Project Form* to the Research Advisory Committee.

Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:** Accountability and Assessment Department  
Durham District School Board  
400 Taunton Road East  
Whitby, Ontario L1R 2K6  
Fax (905) 666-6453

**PLEASE INCLUDE 7 COPIES PLUS THE ORIGINAL.**