

Research and Scholars (R & S): Research/Program Evaluation Inquiry Form

Researcher's Information

Name			Date	
Email			Phone	
Organization			Project Evaluation	yes <input type="checkbox"/> no <input type="checkbox"/>
Program/Project			Project Goal	

Research Information

Project Hypothesis (if applicable)				
Dependent variable(s) (DVs) or Outcome (s), if applicable		Independent variable(s) (IVs) or Predictor variable(s), if applicable		
The Level of Measurements (LOM) for each DV and IV (if applicable)	DVs	LOM	IVs	LOM
Research Design				
Research Method				
Data collection Method (if applicable)	Secondary data	yes <input type="checkbox"/>	no <input type="checkbox"/>	
	Primary data	yes <input type="checkbox"/>	no <input type="checkbox"/>	
For secondary data, specify the data source if known				
Research/Project stage (prelim. or established project)				
What service(s) are you seeking?				
Customers' Signature				

Reviewer's Comments Only

Date Received		<u>Comments:</u>
Received by		

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