WECP RESEARCH PROPOSAL INFORMATION SHEET

Name of principal investigator or professor sponsoring the research:

__________________________________________________________________________

Name of research staff member(s):

__________________________________________________________________________

Phone:

Email address:

Mailing address:

Title of Project:

__________________________________________________________________________

1. Number of children required:

2. Estimated total time required of each child:

3. Describe characteristics of children you wish to include or exclude (e.g., age, sex, special education needs, etc.):

4. Number of teachers/staff required:

5. Estimated total time required of each teacher/staff:

6. Number of parents required:

7. Estimated total time required of each parent:

8. During what time period is the project expected to run? (Include tentative starting and completion dates, number of sessions per day/week, etc.)
9. When will a final summary report of the project be available? (We will send a reminder to you about the final report if we have not received one by this date.)

10. What WECP resources are needed? (e.g., space, equipment, etc.) Please note that if you plan to use the Waisman Early Childhood Research Laboratories, you must submit a separate room reservation request.

11. Name and signature of principal investigator or professor sponsoring the research:

   Print Name:       Date:

   Signature: