

OERE Request

Name:

Contact Information

Daytime phone number _____ home _____ work
E-mail address _____

Department

_____ Communications Disorder & Special Education
_____ Counseling
_____ Curriculum, Instruction, & Media Technology
_____ Educational Leadership, Administration, & Foundation
_____ Educational & School Psychology
_____ Elementary & Early Childhood Education
_____ Other—please specify:

Status

_____ Faculty
_____ Student
_____ Staff
_____ Other—please specify:

If you are a student,

Who is your advisor?

Is this your dissertation? _____ Yes _____ No

Have your research questions/hypotheses been approved by your dissertation
chair/research advisor? _____ Yes _____ No

Primary research methodology:

_____ Quantitative
_____ Qualitative
_____ Mixed

Have you met with an OERE consultant in the past regarding this project?

_____ Yes _____ No

Title of Project

Please list your research questions/hypotheses:

For each research question/hypothesis that you listed above, please tell us what type of analyses you are planning to conduct or have conducted.

Please tell us a little about the type of assistance you are seeking from us. What are the questions you have for us? What do you hope to gain by meeting with us?

Please also tell us where you are in your project (e.g., I am working on writing my proposal; I have collected data and need to conduct analyses).

Please return form to Dr. Christy Coleman (e-mail: epcolem@isugw.indstate.edu or fax: 812-237-7613).