



CRS HD Form 1-To conduct online surveys requests by students for research/thesis

Reference No CRS- 20-21-113

CRS FORM for APPROVAL TO DO RESEARCH IN CRS

PART 1. INSTRUCTIONS: Write on this word file. Answer “yes” or “no” by **filling up the cell with red ink** and **using red text to provide the necessary information**. Save the answered CRS Form in pdf. *The filled-up cells in red are just a sample.*

	YES	NO
1. Are you a student of the College of Rehabilitation Sciences?		If no, what College/Unit are you representing? College of XX
2. Have you attached your letter in pdf requesting for approval to do research in CRS? <i>If your request was done in email, please make a word file addressed to the CRS Dean. The names of the group members and the faculty adviser should be included. The letter should have been noted by the faculty adviser.</i>		
3. Is your study approved by the Ethics Board or Ethics Committee (if required)?		
4. Will you do a survey in CRS?		
5. If you are doing a survey in CRS, do you have the survey questions ready and done in Google Form?		
6. Is the consent sought from the respondent incorporated at the start of survey?		
7. Will you need data?		
8. Will the data you need be generated from the survey to be done in CRS?		
9. Are you allowing CRS Help Desk to facilitate administering your survey? <i>If you answer yes, please make sure that the Google Form survey is exclusive for CRS only because you need to add crshsihelpdesk@gmail.com as a collaborator.</i>		
10. Will you need to follow-up with respondents after the survey?		

PART 2. INSTRUCTIONS: **Supply the information requested in red text**. *The text in red is just a sample. Delete the sample answers before you submit.* Save the answered CRS Form in pdf.

Title of the study: This is the title	One or two main objectives of the study <ul style="list-style-type: none"> This is the main objective. This is another main objective.
Target respondents <ul style="list-style-type: none"> Students/faculty of which year level/s in which program (PT/OT/SLP) 	Data needed (if there is any) for students or faculty <ul style="list-style-type: none"> GWA's of students Learning styles of students





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ACADEMICS COLLEGE OF REHABILITATION SCIENCES

<ul style="list-style-type: none"> • Qualifications of the respondents you wish to administer the survey (e.g.: athletes, top performing academically, etc) 	
<p>Names of all students in the group requesting to do research in CRS:</p> <ul style="list-style-type: none"> • XX • XX • XX • XX • XX 	<p><i>Please let us know in this box any information not mentioned that you would like to share about your research for the CRS Help Desk to better understand your needs.</i></p>

Date submitted to CRS Help Desk: April 29, 2021

Institutional email used to communicate with CRS Help Desk: abcde@dlshsi.edu.ph

