



## Benchmark Project Agreement

### Parent Engagement & Satisfaction Survey - April 2010

#### School District Information

District Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# of Schools \_\_\_\_\_ # of Employees \_\_\_\_\_ # of Teachers \_\_\_\_\_ # of Students \_\_\_\_\_

<input type="checkbox"/>	<b>Parent Engagement &amp; Satisfaction Survey</b>	<b>1</b>	<b>X</b>	<b>\$500</b>	<b>\$ _____</b>
<i>April 2010</i>					
<b>Survey Method:</b> (select one):					
<input type="checkbox"/>	Online				<u>No Charge</u>
<input type="checkbox"/>	Paper Survey	# of Schools _____	X	\$50	\$ _____ optional
<b>Report Options:</b> (Standard reports included at no charge. Custom reports can be ordered later.)					
<input checked="" type="checkbox"/>	Standard Reports				<u>No Charge</u>
<input type="checkbox"/>	Custom Reports	# of Reports _____	X	\$75	\$ _____ optional
<input type="checkbox"/>	School Report Package	# of Reports _____	X	\$225	\$ _____ optional
<b>Focus Groups:</b> (Focus groups may be ordered later but must be conducted within 60 days of survey to qualify for this reduced rate. Days allotted on a first-come first served basis.)					
<input type="checkbox"/>	Onsite Focus Groups (travel costs included)	# of days _____	X	\$600	\$ _____ optional
<b>Total for Parent Engagement &amp; Satisfaction Survey</b>					<b>\$ _____</b>

#### Benchmark Project Contact Person(s)

Name	Title	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred means of communication to participating school districts is via email. Please include all individuals who should be on distribution for research study updates and communications.

#### Terms & Conditions

As an authorized representative of the above named school district, I agree to the terms of this benchmark study agreement. All fees outlined above are due upon completion of each project component either individually or in whole. Furthermore, I grant permission to the National Center for School Leadership to use data collected in this project in its national normative database so long as the confidentiality of our district, schools, teachers, parents and students is maintained through the use of such data.

\_\_\_\_\_  
District Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of District Representative

\_\_\_\_\_  
Title