

PROPOSAL FOR PRIORITY AREA RESEARCH- COVER SHEET

1. Project Title: _____
2. Start date: _____ End date: _____
3. Amount requested for year 1: _____ year 2: _____ year 3: _____ Total amount requested: _____
4. Does this project include any current or anticipated external funding? Yes No
 If **YES**, identify funding source, amount of external funds, and dates of external support:

5. Does this project include any release time? Yes No
 Summer work? Yes No
6. Has the project been reviewed by the IRB? In review Approved Not yet sent to IRB
 (Please send *identical proposal to IRB and inform us about any changes requested by IRB.*)
7. Which institutional priorities does this respond to? Indicate all priorities addressed by proposal.

<input type="checkbox"/> 1. Development of Signed Language Fluency	<input type="checkbox"/> 2. Development of English Literacy
<input type="checkbox"/> 3. Psycho-Social Development & Mental Health Needs	<input type="checkbox"/> 4. Teaching, Learning & Communication Environment
<input type="checkbox"/> 5. School, Home, & Community Relationships	<input type="checkbox"/> 6. Transition through School and into Postsecondary Education & Work
<input type="checkbox"/> 7. History & Culture of Deaf People	<input type="checkbox"/> 8. Linguistics of Signed Languages
<input type="checkbox"/> 9. Interpretation & Translation	<input type="checkbox"/> 10. Studies that Inform Public Policies & Programs
<input type="checkbox"/> 11. Technologies that Affect Deaf & Hard of Hearing People	<input type="checkbox"/> 12. Assessment
<input type="checkbox"/> 13. Diverse Deaf and Hard of Hearing Populations	

8. Identify the investigators involved in this project.

<u>Name, Department / Unit</u>	<u>Phone number, campus address and email</u>

9. Submitted by: _____ Date: ____ / ____ / ____
 Department Chair or Supervisor: _____ Date: ____ / ____ / ____
 Department Chair or Supervisor: _____ Date: ____ / ____ / ____
 Department Chair or Supervisor: _____ Date: ____ / ____ / ____

Above signature certifies support for release time, secretarial support, and use of space and equipment

- Dean: _____ Date: ____ / ____ / ____
 Dean: _____ Date: ____ / ____ / ____