



PROFESSIONAL LEARNING COMMUNITY ASSESSMENTS REQUEST FORM

Please check which assessment requested _____ PLCA-R _____ PLCA-DS

First Name _____ Last Name _____

E-mail _____ City: _____

State/Province _____ Zip: _____ Country: _____

Job/Position _____ Organization _____

University (if applicable): _____

REQUESTED VERSION: (Select choice)

_____ **Online Version** at <http://survey.plcassociates.org/plc/survey/requestaccount>

Online benefits include quick customization and deployment of surveys; data analyses; customized demographics; and automatic graphed descriptive statistics for school, subgroup, and individual reports. Additional information and videos about online services can be found at <http://survey.plcassociates.org/pubs/catalog/items/plc01.html>.

_____ Number of online surveys requested @\$2.00 each

_____ **Paper and Pencil Version or Alternate Online Platform, if Required by District**

A PDF version, that requires users to tabulate and analyze results will be provided. If an alternative platform is required by the district, please specify the name of the platform _____.

Sample items for the PLCA-R can be found at <http://www.plcassociates.org/wp-content/uploads/PLCA-R-Sample-Items.pdf>

Sample items for the PLCA-DS can be found at http://www.plcassociates.org/wp-content/uploads/PLCA-DS_Sample-Items-1.pdf

_____ Single school site use: \$50.00 _____ Multiple school site use: \$100

For costs of each version, refer to www.plcassociates.org/assessments/formal/plca-r/

STUDY TITLE:

STUDY PURPOSE: (Explain purpose of your study and/or intended survey use.)

TIME FRAME: (Anticipated start and completion of study, research, or practitioner use.)

Email completed form to: Dr. Dianne F. Olivier at dianne.olivier@louisiana.edu and Dr. D'Ette Cowan at dette.cowan@att.net