

APPENDIX E
Summary of School Arrangements Form

**ANALYSIS OF BULLYING LAWS AND POLICIES SCHOOL IMPLEMENTATION STUDY
SUMMARY OF SCHOOL ARRANGEMENTS FORM**

Please review the information below for accuracy. If there are any changes, record them and fax the corrected form to our Field Coordinator, Ariana Bell, at 916-983-6693, call our phone line at 916-983-6680, or email abell@emt.org.

School Name: _____

School Address: _____

Name and Telephone of Main Contact: _____

Scheduled Date(s) of Data Collection: _____

I. SELECTED INTERVIEW SCHEDULE

Interview Date	Start Time	End Time	Location	Name of Respondent	Role Respondent	Consent Completed
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Interview Date	Start Time	End Time	Location	Name of Respondent	Role Respondent	Consent Completed
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

							<input type="checkbox"/>
--	--	--	--	--	--	--	--------------------------