**STATISTICAL SURVEY MONITORING FORM**

**Instruction: Please accomplish this form and send it back to the Censuses and Technical Coordination Office, PSA together with the final copy of the survey questionnaire.**

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| **1. Title of statistical survey** | | | |
| **2. Conducting agency** | | | **3. Status of the Survey**  Regular Ad-Hoc |
| **4. Funding Source (any agency/ies other than the conducting agency, if any)** | | | |
| **5. PSA Comments/Recommendations** | | **6. Action Taken by the Proponent/Status** | |
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| **Submitted By:**  Name and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |