



## EDUCATION-BASED RESEARCH PROPOSAL REVIEW TEMPLATE

Personal information on this form is collected under the authority of the Education Act and will be used by the researcher for the sole purpose as described in this form. At no time is research/data-collection being conducted for another party not disclosed on this form. The future release of any information pertaining to this research to other groups not mentioned must be approved by the Superintendent of Education responsible for research with the Niagara Catholic District School Board. Questions about this collection should be directed to the Superintendent of Education, Research, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario. L3C 7C1, 905.735.0240.

***\*Consult the Niagara Catholic District School Board Policy (Policy No. 800.5), when completing this application.***

### APPLICANT INFORMATION

Name	_____	Date	_____
Address	_____	Tel. (Res.)	_____
	_____	Tel. (Bus.)	_____
Email	_____	Fax	_____
Institution/Agency	_____		
Position/Role	_____		

### PROJECT DESCRIPTION AND TIMELINE

Title of Research Project \_\_\_\_\_

Preferred start date: \_\_\_\_\_

Expected end date: \_\_\_\_\_

Expected date of report to Board (*research summary submitted to the Board / participating schools*) \_\_\_\_\_

Please list all other school boards to whom you are submitting an application to conduct this research.

\_\_\_\_\_

\_\_\_\_\_

### NATURE OF RESEARCH

- Undergraduate thesis     Master's thesis     Doctoral thesis     University research
- Principal's course     AQ course     Externally-sponsored project
- Other \_\_\_\_\_

**Proof of permission and / or ethical review is required from your university / institution.**

- the approval / ethics certificate from my university / institution is attached
- in progress (please provide details below, including expected date of approval / amendment)

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**RESEARCH OBJECTIVES**

Provide a brief summary of your literature review and/or the theoretical foundations for your study.

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Explain the practical benefits and / or contribution of this research to the participants, to the Niagara Catholic District School Board and / or to the education system in general.

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**DATA COLLECTION AND / OR DATA REQUESTS**

Describe the proposed data collection. Include the number of sites/schools required and the name of any preferred schools or sites.

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How many students will directly participate?

<b>Number of Students</b>	<b>Grade/Program</b>	<b>Time Required</b>	<b>Additional Details</b>

How many teachers will directly participate?

Number of Teachers	Grade/Program	Time Required	Additional Details

How many other school personnel will directly participate?

Number of Staff	Grade / Program	Time required	Additional details

Describe any other requests for data from the district school board.

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## **METHOD OF INVESTIGATION / STUDY**

1. Provide a brief summary of your planned method(s) of data collection. List all data collection instruments (e.g. tests, surveys, interview guides etc.) and attach copies to this application.

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2. Describe your plans for communicating to parents and participants about the research. Explain your plans for obtaining informed consent for participation. Attach copies of all information letters, consent letters and other communication materials to this application.

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3. Briefly explain the data analysis procedures you will use for your research.

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4. List the security procedures in place for the protection of participant privacy and data storage.

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### **ADDITIONAL REQUIREMENTS**

1. Facilities required (e.g. quiet workspace; gymnasium; classroom)

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2. Assistance required (e.g. early access to room for set up; assistance with students)

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3. Other resources or special arrangements required

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### **PROVISION FOR FEEDBACK**

1. Please describe your plans to report results to participants, participating schools and/or the Niagara Catholic District School Board.

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2. Describe any publication/speaking plans for this research (e.g. academic press; social media; online news; conference presentations):

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## SIGNATURES

### **Researcher**

I have received and read the Niagara Catholic District School Board Education-Based Research Policy (Policy No. 800.5) about conducting research in the Niagara Catholic District School Board and agree to follow its requirements if my application is accepted.

*Note that the final decision to participate in any research project always rests with the individual (e.g. principal, teachers, other staff; student through a parental consent form or a student assent form)*

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*Signature of researcher*

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*Date*

### **Professor / Sponsor / Affiliated Organization**

This is to certify that the above described research proposal has been reviewed by myself/my organization and has been vetted for its academic soundness. Consideration has been given to ethical, legal and moral questions arising from the proposal.

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*Contact person (e.g. sponsoring professor, director of organization)*

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*Name of organization*

### **RETURN TO:**

**Niagara Catholic District School Board  
Attention: Director of Education  
427 Rice Road  
Welland, ON L3C 7C1  
905.735.0240  
Website: [www.niagaracatholic.ca](http://www.niagaracatholic.ca)**