

Proposed Changes

Please indicate if any changes are proposed/ required within each of the following sections by checking No (X) or Yes (X). If Yes, please provide a brief description of any changes and the reasons for them.

If there are a number of differences, for comparative purposes it would also be helpful to revise your original ERRC application template by clearly highlighting in bold, italic or coloured font any changes that have been made and attach an updated version of the application template to this form.

Research Components	Any changes?		If Yes, please describe:
	No	Yes	
Research design			
Data collection tools, tests, measures			
Timelines			
Location or facilities			
Data analysis			
Participating Schools			
Study participant groups/ numbers			
Selection/ recruitment procedures			
Time commitments			
Consent Procedures			
Data security/ confidentiality			
Data use, retention, disclosure, disposal			
Feedback/ publication of results			
Estimated completion date			
Research team members			
Updated REB documentation req'd			
Updated Police Check documents			
Other			

Researcher's Signature: _____

Date: _____

Please send 3 collated hard copies of this form and all attachments to the mailing address below as well as an electronic version to this email address: ERRC@tdsb.on.ca

Sally Erling, Chair (ERRC)
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