



WATERLOO CATHOLIC DISTRICT SCHOOL BOARD

INTERNAL RESEARCH PROJECT FORM

PLEASE PROVIDE THE FOLLOWING INFORMATION

Researcher(s):

Location:

Title of Project:

Expected
Outcomes:

Data Sources
Required:

Process:

Principal:

Date:

RETURN TO
Associate Director of Education
Waterloo Catholic District School Board
35 Weber Street West, Unit A
P.O. Box 91116
Kitchener, ON N2G 4G2

Superintendent Signature:

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the external research project. Questions regarding the collection of this information should be directed to: Privacy and Information Management Officer, 519 578-3660 ext. 2381.