

School of Education Research Ethics Committee

End of Research Project Report Form

Name of student: _____

Title of thesis: _____

Date: _____

Questions:	YES	NO
Is a summary of the outcomes of the project either 1) provided in the space below, or 2) attached (e.g. thesis or published work)?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any modifications to the procedures for which approval was granted? If so, please provide details in the space below.	<input type="checkbox"/>	<input type="checkbox"/>
Were there any adverse outcomes associated with the conduct of the research? If so, please provide details in the space below.	<input type="checkbox"/>	<input type="checkbox"/>
Is all data being stored in accordance with Trinity's data storage policy, in adherence to the Freedom of Information Act, and in compliance with the requirements of the Data Protection Commissioner?	<input type="checkbox"/>	<input type="checkbox"/>
Will all data be kept for 10 years in accordance with Trinity's data storage policy?	<input type="checkbox"/>	<input type="checkbox"/>

Summary of the outcomes of the research:

Modifications to the procedures for which approval was granted:

Adverse outcomes associated with the conduct of the research:

Signature: _____