

## Forms and Commitment Letter:

A user of the Registry of Randomized Controlled Trials who wishes to submit data and not simply search the registry is required to submit forms about contact information and study details, along with a signed commitment letter.

### *Commitment Letter:*

In order to complete the submission, a user will be required to complete the following forms. Additionally, the user is required to send a signed commitment letter via fax to the What Works Clearinghouse (WWC). Any information supplied by the user through the online forms will be posted only if a signed commitment letter is received.

### *Online Forms:*

#### Contact Information

Field Name	Field Type and Validation	Required to Save
First Name	Text Box	Yes
Last Name	Text Box	Yes
Prefix	Pre-populated drop-down menu with the following options: 1. Dr. 2. Hon. 3. Mr. 4. Mrs. 5. Ms. 6. Prof.	Yes
Title	Text Box	Yes
Type	Pre-populated drop-down menu with the following options: 1. Individual 2. Organization	Yes
Organization	Text Box	Yes
Phone Number	Text Box Numeric data in one of the following three formats: (XXX) XXX-XXXX XXX-XXX-XXXX XXXXXXXXXXX	Yes
Fax Number	Text Box Numeric data in one of the following three formats: (XXX) XXX-XXXX XXX-XXX-XXXX XXXXXXXXXXX	Not required if “No Fax Number” option is selected
No Fax Number	Check Box	No
Email	Text Box Data check for @ and . symbols	Yes
Confirm Email	Text box Data check for entry identical to Email	Yes
Address Line 1	Text Box	Yes
Address Line 2	Text Box	No
City	Text Box	Yes

## What Works Clearinghouse – Registry of Randomized Controlled Trials Details

### Contact Information (Continued)

Field Name	Field Type and Validation	Required to Save
Foreign State	Check Box If checked, this will disable the state drop-down menu and open a new text box for the foreign state or territory information. This will void the validation on the ZIP Code field.	No
State	Pre-populated drop-down menu with list of U.S. states	Not required if “Foreign State” is selected
Country	Pre-populated drop-down menu with list of all countries	Yes
ZIP Code	Text Box Numeric data in the following format: XXXXX ( length = 5)	Not required if “Foreign State” is selected
Save	Button	Yes
Reset	Button	No

### Randomized Controlled Trial Study Information

Field Name	Field Type and Validation	Required to Save
<i>Study Information – For Studies Funded and In Progress</i>		
Study Status	Radio Button options: 1. Funded and In Progress 2. Completed with Available Final Report	Yes
RCT Title	Text Box	Yes
Principal Investigator First Name	Text Box	Yes
Principal Investigator Last Name	Text Box	Yes
Principal Investigator Prefix	Pre-populated drop-down menu with the following options: 1. Dr. 2. Hon. 3. Mr. 4. Mrs. 5. Ms. 6. Prof.	Yes
Principal Investigator Title	Text Box	No
Start Date	Text Box Numeric data in one of the following two date formats: mm/dd/yyyy mm-dd-yyyy	Yes
Anticipated End Date	Text Box Numeric data in one of the following two date formats: mm/dd/yyyy mm-dd-yyyy	Yes
Sponsor	Text Box	Yes

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What Works Clearinghouse – Registry of Randomized Controlled Trials Details

**Randomized Controlled Trial Study Information**

Field Name	Field Type and Validation	Required to Save
<i>Study Abstract and Details – For Studies Funded and In Progress</i>		
1. What is the study setting?	Text Box	Yes
2. What is the intervention?	Text Box	Yes
3. What is the randomized unit?	Radio Button options: 1. Cluster 2. Individual	Yes
4. Study Sample Characteristics	Check Box Options: Gender 1. Male 2. Female 3. Not Applicable	Yes (at least 1 of 3)
	Student Race/Ethnicity 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Caucasian 5. Hispanic or Latino 6. Native Hawaiian or Other Pacific Islander 7. Not Applicable	Yes (at least 1 of 7)
	Student Level(s) of Education 1. Adult/Continuing Education 2. Elementary School 3. High School 4. Kindergarten 5. Middle School 6. Preschool 7. Postsecondary Education 8. Vocational/Career Education 9. Not Applicable	Yes (at least 1 of 9)
	Student Disability 1. Autism 2. Deaf-Blindness 3. Deafness 4. Emotional Disturbance (ED) 5. Hearing Impairment 6. Mental Retardation 7. Multiple Disabilities 8. Orthopedic Impairment 9. Other Health Impairment (OHI) 10. Specific Learning Disability (LD) 11. Speech or Language Impairment 12. Traumatic Brain Injury 13. Visual Impairment 14. Not Applicable	Yes (at least 1 of 14)
5. Additional Study Sample Information	Text Box	Yes
6. What research design and methods will be used?	Text Box	Yes
7. What is the control (counterfactual) condition?	Text Box	Yes
8. What are the intended primary outcomes?	Text Box	Yes
9. What are the intended secondary outcomes?	Text Box	No
10. What is the data analytic strategy?	Text Box	Yes
11. Summary of the Study/Abstract	Text Box	Yes
Save	Button	Yes
Reset	Button	No

What Works Clearinghouse – Registry of Randomized Controlled Trials Details

**Randomized Controlled Trial Study Information**

Field Name	Field Type and Validation	Required to Save
<i>Study Information – For Studies Completed with an Available Final Report</i>		
Study Status	Radio Button options: 1. Funded and In Progress 2. Completed with Available Final Report	Yes
RCT Title	Text Box	Yes
Principal Investigator First Name	Text Box	Yes
Principal Investigator Last Name	Text Box	Yes
Principal Investigator Prefix	Pre-populated drop-down menu with the following options: 1. Dr. 2. Hon. 3. Mr. 4. Mrs. 5. Ms. 6. Prof.	Yes
Principal Investigator Title	Text Box	No
Start Date	Text Box Numeric data in one of the following two date formats: mm/dd/yyyy mm-dd-yyyy	Yes
End Date	Text Box Numeric data in one of the following two date formats: mm/dd/yyyy mm-dd-yyyy	Yes
Sponsor	Text Box	Yes
Web Address for Report	Text Box	No
Published Report Citation (APA Format)	Text Box	Yes

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What Works Clearinghouse – Registry of Randomized Controlled Trials Details

**Randomized Controlled Trial Study Information**

Field Name	Field Type and Validation	Required to Save	
<i>Study Abstract and Details – For Studies Completed with an Available Final Report</i>			
1. What was the study setting?	Text Box	Yes	
2. What was the intervention?	Text Box	Yes	
3. What was the randomized unit?	Radio Button options: 1. Cluster 2. Individual	Yes	
4. Study Sample Characteristics	Check Box Options: Gender 1. Male 2. Female 3. Not Applicable	Yes (at least 1 of 3)	
	Student Race/Ethnicity 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Caucasian 5. Hispanic or Latino 6. Native Hawaiian or Other Pacific Islander 7. Not Applicable	Yes (at least 1 of 7)	
	Student Level(s) of Education 1. Adult/Continuing Education 2. Elementary School 3. High School 4. Kindergarten 5. Middle School 6. Preschool 7. Postsecondary Education 8. Vocational/Career Education 9. Not Applicable	Yes (at least 1 of 9)	
	Student Disability 1. Autism 2. Deaf-Blindness 3. Deafness 4. Emotional Disturbance (ED) 5. Hearing Impairment 6. Mental Retardation 7. Multiple Disabilities 8. Orthopedic Impairment 9. Other Health Impairment (OHI) 10. Specific Learning Disability (LD) 11. Speech or Language Impairment 12. Traumatic Brain Injury 13. Visual Impairment 14. Not Applicable	Yes (at least 1 of 14)	
	5. Additional Study Sample Information	Text Box	Yes
	6. What research design and methods were used?	Text Box	Yes
	7. What was the control (counterfactual) condition?	Text Box	Yes
	8. What were the primary outcomes?	Text Box	Yes
	9. What were the secondary outcomes?	Text Box	No
	10. What was the data analytic strategy?	Text Box	Yes
	11. Summary of the Study/Abstract	Text Box	Yes
	12. Interpretation of Results/Discussion	Text Box	Yes
	Save	Button	Yes
	Reset	Button	No