State of New Jersey
Department of Education

Data Modification Form

Please email the completed form to: datamgmt@doe.nj.gov

Note: Prior to submitting this form, please ensure all necessary information is included for efficient processing.

SUBMITTER INFORMATION:	
Name:	**Phone:**
Date of Request:	**Email:**
Program Office/Division:	

CHANGE TYPE

☐ **New** Data   ☐ **Modify** Data or Option Set   ☐ **Discontinue** Data

☐ **Modify** Collection Timeline *(if the timeline shift is < 10 days, skip this form & contact Data Management at datamgmt@doe.nj.gov)*

☐ **Other** (explain):

System or Data Element: (click *here* for the list of Homeroom applications):

PROPOSAL

Complete this section for NEW data and/or MODIFICATIONS

Data Element:	**Frequency of Collection:**

Data Element Definition:

Describe (in narrative form):

Current Acceptable Values (if modification):	**Proposed Acceptable Values:**

Validation Rules (new or changes to existing rules)

Complete this section for MODIFICATONS to TIMELINES	
Previous timeline(s):	**New timeline(s):**

JUSTIFICATION

Please justify the proposed change: *Please cite the NJ Administrative Code and Statute, if applicable*

Is the data already collected/maintained by most districts or is similar data that might meet the need commonly collected?

Will the data have a high degree of quality if collected?

What is the cost (time, money, resources) associated with this new collection from the classroom to the NJDOE?

Does the expected cost/benefit of this new collection justify putting it in place?

SIGNATURES

Submitter Signature:		**Date:**
Supervisor Signature:		**Date:**