**Journal on Developmental Disabilities**

**Submission Cover Letter Form**

*Please use this form for your cover letter. If you wish to submit an additional cover letter attach it to the end of this form.*

|  |  |
| --- | --- |
| Manuscript Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Manuscript Short Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Author Information***Author-identifying information should be removed from the manuscript file, including any found through* *the File-->Properties menu option.* |
| **First Author Name:** |  |
| Contact Email: |  |
| Affiliation/Agency: |  |
| **Contact Author Name** (if different from above): |  |
| Contact Author Email: |  |
| Affiliation/Agency: |  |
| **Second Author Name** |  |
| Email: |  |
| Affiliation/Agency: |  |
| **Third Author Name** |  |
| Email: |  |
| Affiliation/Agency: |  |
| **Fourth Author Name** |  |
| Email: |  |
| Affiliation/Agency: |  |
| **Additional Authors:** | *Please list any additional authors here* |
| **Submission Information** |
| Manuscript Type: |  Original data-based research Program evaluation Qualitative Analysis Program, service and innovative program description Literature review Discussion paper (e.g. Conceptual or Theoretical paper Policy analysis Case study Brief report Resource Review (e.g. Book or media review) Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Submission Type: | Is this the first submission of the manuscript or a revision? New submission Revision (if this is a revision please skip to section 2) |
| **Section One – New Submission Information** |
| Manuscript Word Count:*(does not include tables or graphics)* |  |
| Tables and graphics: | *Please list the tables and graphics included in your submission* |
| Key Words:*Up to 5 keywords* |  |
| Acknowledgements: | *Note: for the purposes of the blind review please do not include the acknowledgements in the manuscript* |
| Reviewer Suggestions: *Please provide the names, speciality, title, affiliation and contact emails for 3 potential arms-length reviewers.* | Reviewer OneName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewer TwoName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewer ThreeName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirmations:*(please review and check all)* | I confirm that:  this is an original work and has not been published or submitted for publication elsewhere there is no real or perceived conflict of interest for any of the authors. If there is a conflict of interest please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ all authors have read and approved the article in its current form author’s academic supervisor has approved the article (student author) Supervisors’ name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors’ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this manuscript is free of gender, ethnic and ability bias this manuscript uses people-first language (e.g., persons with disabilities) this manuscript uses the non-possessive form in eponyms (e.g., Down syndrome, not Down’s syndrome) this manuscript uses Canadian spelling |
| Research Ethics Board Approval: | This manuscript has been approved by the appropriate Research Ethics Board Yes No N/A If “No” or “N/A” please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Funder(s): |  Not funded FundedFunder Name:  |
| Other Information:*Please use this space to provide any other information related to the manuscript* |  |
| **Section Two – Revised Submission Information** |
| Manuscript Number: |  |
| Annotated copy of reviewers comments:*Please copy the review comments and your responses here or attached to the end of this document.* |  |
| Reviewer Suggestions: *Please provide the names, speciality, title, affiliation and contact emails for 2 potential arms-length reviewers. Not people suggested during the first review* | Reviewer OneName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewer TwoName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Information:*Please use this space to provide any other information related to the manuscript* |  |