

ATTACHMENT C



**Springfield Public Schools  
Digital Learning and Assessment Department  
Request for Data Form**

<b>Name of Researcher(s)/Principal Investigator(s):</b>	<b>Phone Number(s):</b>
	<b>Fax Number:</b>
<b>Mailing Address:</b>	<b>Email Address:</b>

**Title of Study:**

**TYPE OF DATA REQUESTED**

Please describe your data request in detail. Indicated what is being requested- demographic information, test results, report card grades, the time span, the grade levels, are you seeking summary data or individual student records, etc. Please be specific.  
[Click here to enter text.](#)

**Explain why you are requesting this information?**  
[Click here to enter text.](#)

**When is the data needed?**  
[Click here to enter a date.](#)

**Has this or similar data been previously provided?**  
 Yes  No

**Date Submitted:** [Click here to enter a date.](#)

**Signature of Researcher(s)/Principal Investigator(s):**

**FOR THE DIGITAL LEARNING AND ASSESSMENT DEPARTMENT ONLY**

DLA Proposal Number:  
 Date Received: [Click here to enter a date.](#)  
 Date Reviewed: [Click here to enter a date.](#)

<b>Type of Submission:</b> <input type="checkbox"/> New  <input type="checkbox"/> Amended  <input type="checkbox"/> Continuation  <input type="checkbox"/> Resubmitted  <input type="checkbox"/> Other:	<b>Action Taken:</b> <input type="checkbox"/> Approved as Submitted  <input type="checkbox"/> Conditional Approval  <input type="checkbox"/> Declined  <b>Notes:</b>  <b>Date Completed:</b> <a href="#">Click here to enter a date.</a>
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