Student-Level Data Request Form ⅋

The survey will take approximately 9 minutes to complete.

This is a formal request to obtain student-level data from the Office of Superintendent of Public Instruction (OSPI). Potential users must submit proposals before receiving data to conduct their research. Within this form, requestors must:

- Designate an individual who is directly responsible for managing the data being requested;
- Provide details on the purpose, scope, and duration of the proposed study;
- Specify the data elements and school years being requested and describe how the requested data is necessary to accomplish the research;
- Identify a method and date for the destruction of data; and
- Establish policies and procedures to protect personally identifiable student information from further disclosure and unauthorized use.

Please review both the **Data Sharing Agreement** and **Data-Sharing Process and Policies for Student-Level Data** prior to the submission of your request form as they contain details about the process, the approval criteria, and the requirements of the agreement. As part of your agreement, you will be asked to provide your agency's data security policies and procedures, if applicable.

Click on the links below to read and review the Data Sharing Agreement Template and Data-Sharing Process and Policies for Student-Level Data:

https://www.k12.wa.us/sites/default/files/public/dataadmin/datasharing/pubdocs/De-identifiedTemplate.pdf
https://www.k12.wa.us/sites/default/files/public/StudentInformation/DataSharingPolicy%20_9.12.2016.pdf

1. I acknowledge that I have read, agree to, and am willing to abide by the terms of the Data Sharing Agreement. Specifically, I acknowledge that:

   I will be able to sign the agreement as it is written. OSPI does not have the capacity or resources to review individual requests for changes to the Data Sharing Agreement.

   I have the capacity to restrict access of the data solely to Authorized Users.

   I will ensure that the data are used solely for the purpose, scope, and duration, which will be described later in this form.

   I will comply with the data security policies and procedures described in the Data Sharing Agreement.

   I will provide a copy of any products or reports to OSPI prior to publication.

   I will destroy the data within 45 days after it is no longer needed or upon termination of agreement, whichever comes first. *

   ◯ I acknowledge that I have read, agree to, and am willing to abide by the terms of the Data Sharing Agreement.

   ◯ I do not acknowledge, agree to, and am not willing to abide by the terms of the Data Sharing Agreement.

2. Primary Contact First and Last Name: *

3. Primary Contact Email Address: *

4. Primary Contact Phone Number: *

5. Primary Contact Job Title: *

6. Primary Contact Organization/Affiliation: *

7. Primary Contact Mailing Address: *

Please include Apt/Suite/Office, City, State, and Zip.

8. If the primary contact were to leave the affiliated organization, who would accept responsibility of the data? *

Please provide name, number, and email if available.

9. If the agency contract signatory will be someone other than the primary contact, please provide name, address, phone number, and email address of the signatory below:

10. File Aggregation: *

Please select the file structure you are requesting:

○ Identifiable Student-Level

○ De-identified Student-Level

○ Aggregated & Unsuppressed Data

11. FERPA Exception Types: *

Student-level information, even without direct identifiers, may only be shared with a non-educational entity under specific exceptions under FERPA. Please select the exception that applies to your request.

☐ Audit or evaluate a federal- or state-supported education program

☐ Enforce or comply with federal and/or or state legal requirements related to the program

☐ Study: Develop, validate or administer predictive tests

☐ Study: Administer student aid programs

☐ Study: Improve instruction

12. Please summarize your project in 250 words or fewer (i.e., provide an abstract or executive summary). *

13. Please describe the purpose and scope of the project: *

- State the research questions to be answered.
- Include the analyses to be conducted or statistics that will be generated.
- If available, describe any preliminary data findings or previous related work.

14. Describe how the data will be used. What are the expected products of this research? Examples include: Summary reports for an agency, organization, or school; dissertation or thesis; publications/journal articles, conference presentations. *

As part of the data-sharing agreement, the Requestor agrees to share any products or reports with OSPI before they are released, published, or otherwise made publicly available. OSPI does not approve findings, reports, or products, but will ensure that the data usage was consistent with the approved DSA.

15. Proposed Start Date: *

[🗓]

16. Proposed End Date: *

[🗓]

17. Please describe in detail where the data will be stored, and what software will be used to access and manage the data. *

How will you prevent others (who are not named in the data-sharing agreement and have not signed the non-disclosure forms) from accessing the data and computer where the data will be stored?

[   ]

18. List all the individuals who will have access to the requested data, their involvement in the project, and justification for having access to the data. *

Position title and email addresses are required for each user. Everyone with access to the requested data will need to sign the non-disclosure form (Exhibit B of the Data Sharing Agreement form) upon approval of the data sharing request.

[   ]

19. CEDARS Batch File Request: *
Please select which files you are requesting.

☐ Course Catalog

☐ District Programs

☐ Detailed Race and Ethnicity

☐ Enrollment & Demographics

☐ Free/Reduced Price Lunch

☐ LAP Student Growth

☐ Limited English Proficiency

☐ Migrant

☐ School Programs

☐ Special Education

☐ Staff Schedule

☐ Student Absence

☐ Student Discipline

☐ Student Grade History

☐ Student Schedule

☐ N/A

☐ Other

20. Assessment Batch File Request: *
Please select the files you are requesting:

☐ Early Learning Assessment

☐ English Language Proficiency

☐ Student Growth Percentile

☐ Spring Summative

☐ N/A

☐ Other

21. Please list the academic years you are requesting (e.g., 2010-11 through 2021-22): *

Please note, academic years available for CEDARS and Assessment batch files are limited.

22. If you are not requesting a CEDARS or Assessment batch file, please describe your request below. Include the specific student populations, measures, cohort-definitions, and time periods in detail: *

23. Data Fulfillment Timeline: *

Please describe your expected timeline for receiving the data.

24. If work is being done on behalf of OSPI or a local education agency, provide the name and contact information of the entity needing the work. *

Please include First Name, Last Name, Title, and Organization Name.

Microsoft Forms