

# Request for an Internal Data Collection Activity



**Office of Shared Accountability**  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 226-21**  
**October 2014**

**INSTRUCTIONS:** This form must accompany all requests for internal data collection activities requiring approval under MCPS Regulation AFA-RA, *Research and Other Data Collection Activities in Montgomery County Public Schools*. Complete Parts A, B, and C, and submit the form and requested attachments to the Office of Shared Accountability (OSA), Carver Educational Services Center, Room 11. If you have any questions, please call 301-279-3848.

## PART A: Identification

Title or description of data collection activity \_\_\_\_\_

Brief description of purpose \_\_\_\_\_

Requested start date for data collection \_\_\_\_/\_\_\_\_/\_\_\_\_ (This form must be received by OSA at least two weeks prior to requested start date of data collection to allow for review and clearance.)

Contact Person (Print name) \_\_\_\_\_

Contact Person's Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Organization/School/Department \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## PART B: Checklist

Complete the following checklist

- I have read MCPS Regulation AFA-RA, *Research and Other Data Collection Activities in Montgomery County Public Schools*.
- I understand that student and parent participation is voluntary. Participation of MCPS personnel is also voluntary unless specifically indicated by the chief academic officer, the deputy superintendent of school support and improvement and/or the chief operating officer.
- I have checked the MCPS Calendar of Research and Other Data Collections, located on the MCPS website, and requested a date for this activity that avoids previously scheduled activities or black-out dates for required assessments.
- I have read MCPS Regulation JFF-RA, *Federal Requirements for Use of Protected Student Information* and do not believe student or staff privacy are violated by any questions included in or information requested as a part of this activity.
- I have calculated the number of respondents and estimated the response time as follows:  
\_\_\_\_\_ Number of Respondents; \_\_\_\_\_ Response time for each respondent

## PART C: Attachments

Please attach the following:

- a) A list that identifies prospective respondents by job title as well as MCPS school, department, office, or administrative unit:  
Please note that instruments inadequately addressed (e.g., "to be completed by person responsible for...") may not be distributed.
- b) A copy of the data collection instrument.

**PART D: RECOMMENDATION: To be completed by the OSA**

Title \_\_\_\_\_

Date received by OSA \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested start date for data collection \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes  No Does the proposed date for this data collection activity avoid black-out dates or previously scheduled activities listed on the Data Collection Calendar?

Yes  No Does this request comply with privacy rules described in MCPS Regulation JFF-RA, *Federal Requirements for Use of Protected Student Information*?

Yes  No Is the estimated response time reasonable?

Recommendation:  Approve  Approve with modifications  Disapprove

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Associate Superintendent, Office of Shared Accountability* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**PART E: Authorization**

To be completed by the Office of the Chief Academic Officer

Action:  Approve  Approve with modifications  Disapprove

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Chief Academic Officer* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

To be completed by Office of the Deputy Superintendent of School Support and Improvement

Action:  Approve  Approve with modifications  Disapprove

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Deputy Superintendent of School Support and Improvement* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

To be completed by the Office of the Chief Operating Officer

Action:  Approve  Approve with modifications  Disapprove

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Chief Operating Officer* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please return this signed form to OSA. OSA will distribute a copy of this form to the applicant.  
If approved, OSA will place the activity on the Calendar of Research and Other Data Collections.