

**Office of Assessment and Student Growth
Data Request Form**

Request Date: _____

Requested By: _____ Phone Number: _____

School/ Dept Name: _____

Contact Name (If different): _____ Contact Phone #: _____

Email Address: _____

Date Needed: _____

Requested Format: Excel

PDF

Other: _____

Description of Request (be as specific as possible):

(Please provide a detailed description of your data request. Indicate the layout of data, as well as, any necessary grouping or sorting (sort by grade, ethnicity). Include any selection criteria (grade, school, subject, etc) and terms that you would like the data to reflect (2007 CSAP Scores, 2008-2009 school year). If you have any questions, please call the Assessment Dept at 970-613-5024.

Reason for Request:

(Intended use of data request)

Audience:

(Individuals, Depts or groups that will be viewing or using this data)

Internal Use Only

Assigned to: _____

Assign Date: _____

Completed by: _____

Completion Date: _____

Files Sent to Requestor: Electronic

Hardcopy

Date Sent: _____

Request Filed: Electronic

Hardcopy

Files Stored at: Electronic: _____ Hardcopy: _____