



OFFICE OF RESEARCH, PLANNING AND EVALUATION
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Research Request Form

Name: _____ School/ Office: _____ Date: _____

Email: _____ Phone: _____ Best time to call: _____

Date needed: _____ Contact Person to answer questions: _____

Principal/Area Supt. Signature: _____

Purpose

- Working with staff to set goals and plan programs Grant application Grant evaluation
 Distinguished School, Blue Ribbon or other Awards PQR or Accreditation Reviews
 Identifying individual students for programs Evaluating a school-level program
 Routine Research Reports Labels (specify) Student Lists (specify) Academic Profiles
 Reconfigured lists Other (specify) Parent meeting

Other: _____

Please provide any additional, specific information that will help us process your request quickly and accurately.

RESPONSE (To be completed by Research Office personnel)

Date Responded _____ School Contact _____

Contacted By: _____ (Initials) PHONE FAX EMAIL MAIL

What was sent? (List documents and file description.)