

**INSTRUCTIONS:** This form must accompany all requests for data collection activities requiring approval under MCPS Regulation EHC-RA: *Clearance of Data Acquisition Activities*. Complete all items of information; mark "NA" in the space provided if the item is not applicable. Submit the form to the Office of Shared Accountability, Carver Educational Services Center, Room 11. If you have any questions, please call 301-279-3848.

**PART A: FORM IDENTIFICATION**

Title \_\_\_\_\_ Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_  
Data Acquisition Activity/Form Date

Clearance Needed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Frequency of data collection or form(s) use: (check one)

- One-time     As required     Monthly     Annually

Other (specify) \_\_\_\_\_

Form(s) to be in use until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo.    Yr.

List MCPS offices/departments/schools affected by this data acquisition activity/form \_\_\_\_\_

Name(s) and telephone number(s) of person(s) who can best answer questions regarding this request:

Name(s)	Telephone Number
_____	____-____-____
_____	____-____-____
_____	____-____-____

**PART B: DATA ACQUISITION INFORMATION**

List all intended users of the data collected and the manner in which each intends to use the data

INTENDED USER	PURPOSES FOR WHICH DATA WILL BE USED



**PART B: Continued**

Type of data collection method (e.g., observation, interview) \_\_\_\_\_  
\_\_\_\_\_

Data Collection dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

MCPS group from/on whom data will be collected (e.g., secondary school principals, 6th grade students, parents of 1st graders)  
\_\_\_\_\_  
\_\_\_\_\_

a. Number of persons from/on whom data will be collected .....

b. Number of times form completed yearly per person .....

c. Total annual responses (item a X item b).....

d. Number of minutes to complete the form

Minimum.....

Maximum.....

Median (If no pretest was conducted, estimate the median time.) .....

e. Total hours of annual respondent burden (item c X median time in item d ÷ 60) .....

Describe method used to determine readability and clarity of the form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C: CONDITIONS**

Completion of form by respondent to be: (check one)     Voluntary     Compulsory

Will a report based on the data be available for general distribution?     Yes     No

If yes, copies can be obtained after \_\_\_\_/\_\_\_\_ from:  
*month year*

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NOTICE OF ACTION ON DATA ACQUISITION CLEARANCE REQUEST**

Title of Research Activity \_\_\_\_\_

**PART D: IMPACT SUMMARY—To be completed by the Office of Shared Accountability**

Activity/Form:  New  Revised

Respondent Group \_\_\_\_\_ Data Burden \_\_\_\_\_ hours

Clearance Recommendation:

Approval  Provisional Approval (approval contingent on acceptance of modifications indicated below)  Disapproval

Remarks (Include specific modifications needed or reason(s) for disapproval, as appropriate.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**PART E: CLEARANCE ACTION—To be completed by the Office of the Deputy Superintendent of Schools**

Action:  Approval  Provisional Approval (approval contingent on acceptance of modifications indicated below)  Disapproval

If approved, completion of form by respondent is:  Voluntary  Compulsory

Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Deputy Superintendent of Schools* *Date*

**PART F: APPLICANT RESPONSIBILITIES REQUIRED IF APPROVAL IS GRANTED**

**1. The first page of the data acquisition activity form must bear one of the following statements:**

- Respondents are not required to answer any questions that they believe are an infringement upon their privacy or that they do not care to answer for any other reason.
- By directive of the Office of the Superintendent of Schools, completion of this form is a compulsory activity for MCPS employees who are designated as respondents.

**2. One copy of the final printed form, including any transmittal letter, instructions, or other document being provided to respondents is to be sent to the Office of Shared Accountability before any data collection activity is initiated.**

**3. At the completion of the study, one copy of the executive summary and the final report is to be sent to the Office of Shared Accountability.**