



Request for Information or Support

Associate Superintendent for the Office of Shared Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 365-54
March 2009

PART I: TO BE COMPLETED AND SUBMITTED TO THE OFFICE OF SHARED ACCOUNTABILITY (CESC, ROOM 11)

Name (print) _____ Date Submitted ____/____/____

School/Office _____ Phone ____-____-____

Address (Pony or U.S. Mail) _____ E-mail Address _____

Request: Data File Data Analysis Consultation Other

Describe Request:

_____/____/____
Signature, Executive Staff *Date*

PART II: TO BE COMPLETED BY THE OFFICE OF SHARED ACCOUNTABILITY

Request No. _____ Date Received ____/____/____

Date ____/____/____ In Person Telephone E-mail Letter

By _____

Request Referred: Date ____/____/____ To _____ (Explanation in Comments)

Request Rejected: Date ____/____/____ (Explanation in Comments)

Request Accepted: Date ____/____/____ Target Completion Date ____/____/____

Assigned to _____ Date ____/____/____

Completed Date ____/____/____ Hours _____ Additional Resources _____

Comments:

_____/____/____
Signature, Director/Supervisor *Date*