



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF LEARNING SERVICES - OFFICE OF DATA SYSTEM MANAGEMENT

## STUDENT LEVEL DATA REQUEST APPLICATION

REQUEST NUMBER

*To be completed by DESE only*

### INSTRUCTIONS

The Department of Elementary and Secondary Education (DESE) has a process whereby external researchers may request student level data from DESE to conduct research and program evaluation studies aligned with DESE's goals. Everyone requesting access to these data must complete this Student Level Data Request Application, and submit it to DESE's Data Request Team for processing. If the research project is approved and the data requested are available, a Memorandum of Agreement will be developed and must be signed before any data are disclosed.

Please fully complete each section of the application. If any fields are left blank, the application will not be considered. Attach this completed application, along with any additional supporting information including Appendix A, to your Data Request Form found at <https://apps.dese.mo.gov/datarequestform/requestform.aspx>.

If you have any questions, contact the Office of Data System Management at [dsm@dese.mo.gov](mailto:dsm@dese.mo.gov) or 573-522-3207.

### CONTACT INFORMATION

RESEARCHER NAME	ORGANIZATION (IF APPLICABLE)	
PHONE NUMBER	EMAIL ADDRESS	
ADDRESS		
CITY	STATE	ZIP
DATE SUBMITTED TO DESE		

### BACKGROUND INFORMATION ABOUT RESEARCHER

List your previous published work (or the previous published work of your faculty advisor), and provide links to those works below.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

Are you or any institutions with which you are affiliated (including third-party funders of the proposed research project) in an advocacy role with respect to the topic of the study or do you have a stake in the study's outcome?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe your affiliation or stake.		
<b>BACKGROUND INFORMATION ABOUT THE STUDY</b>		
TITLE OF RESEARCH STUDY		
PROJECT START DATE	PROJECT END DATE	
Describe the objectives of the study and any hypotheses to be tested.		
Is this a one-time or recurring project?  <i>Note: Following this initial data request for a recurring project, similar data may be requested through an addendum to the Data Disclosure Agreement approved by DESE.</i>		<input type="checkbox"/> One-time project <input type="checkbox"/> Recurring project (term: _____)
Is the project externally funded?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the source and amount of funding.		
<b>PURPOSE OF THE STUDY</b>		
Why is the study being conducted? Who will be using the data?		

What potential benefits will this have for DESE, local schools, educators, policymakers, and/or researchers?

What are the anticipated benefits of the proposed study to participants?

### **RESEARCH QUESTIONS AND DESIGN**

List your research questions below.

Describe the design of the proposed study and the methodology that will be used to address each of the aforementioned research questions. Use enough detail to ensure that DESE can assess the extent to which your proposed research project will meet the objectives you have provided prior in this application. Describe the population to be studied, data collection, analysis, and interpretation procedures to be used. Use as much space as necessary. You may include attachments if relevant.

#### DATA REQUESTED

To the best of your ability, please list the data elements you are requesting in order to complete the proposed research project. For each data element, please also list the unit(s) of analysis for your research (e.g., student, school, district), the school year(s) for which you are requesting information, and a brief justification for why the element is needed.

*See Appendix A Tab 1*

#### REPORTING

List all reports and products that will result from this study.

*See Appendix A Tab 2*

Do you agree to provide both a technical and non-technical version of the report for DESE staff?

☐ Yes

☐ No

Do you agree to destroy all datasets containing individual student records provided by DESE or created for research purposes when no longer needed as defined under FERPA or in the Memorandum of Agreement (MOA)?

☐ Yes

☐ No

*Note: Example MOAs can be viewed at <https://dese.mo.gov/data-system-management/data-access-sharing-and-privacy>.*