



COLORADO DEPARTMENT OF EDUCATION

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Dwight D. Jones
Commissioner of Education

Karen L. Stroup
Deputy Commissioner

Kenneth R. Turner
Deputy Commissioner

DATE: _____

Person Requesting Information: _____

Affiliation and Address: _____

Phone Number: _____ Email Address: _____

Requested information: (If the information you are requesting is available on the CDE web site the department will ask you to use the data located there. Please refer to the end of this document for a list of web locations which may contain the data you are requesting).

Grade level to be included in data request _____

Content Areas to be included in data request _____

Years to be included in data request _____

Other Information:

Purpose: (This information will assist us in meeting your request.)

Level of detail: (Do you want your analysis in percentages or numbers, scale scores or performance levels? Which demographic variables would you like?)

How would you like this information? 0 Electronic Copy (Be sure to provide an email address.)

0 Hard Copy (Please provide a mailing address.)

In what format would you like your analysis? (ie. Excel spreadsheets)

Date information is needed: _____

Have you checked the CDE website for this information? YES NO

If not please visit www.cde.state.co.us/index_assess.htm before submitting this form. The information you are requesting may be found on the website. See the end of this document for a list.

TO BE COMPLETED BY CDE STAFF:

CDE Authorization: _____ Priority Level: Low High

CDE staff responding to the request: _____ Date and name information was released:

Format of analysis: _____