

# DIBELS

## Instructions for Completion of the Data Release Form

This form will allow the North Dakota Department of Public Instruction to pull data directly from the assessment vendor for inclusion in the State Longitudinal Data System. The district does not surrender any rights to the data and will continue to have district level access to the data from the vendor.

To complete the form:

1. Enter the Public School District's name (it will be replicated in three spaces on the form)
2. Enter the name of the District Representative
3. Enter the title of the District Representative
4. Enter the date the form was signed
5. Sign

Once signed, you can either:

1. Scan and email to Steve Snow at [fsnow@nd.gov](mailto:fsnow@nd.gov)
2. Fax to Steve Snow at 328-2255

If you have any questions about this form or the SLDS project please contact:

Steve Snow – Director, MIS  
701-328-2189  
[fsnow@nd.gov](mailto:fsnow@nd.gov)

# DIBELS Data System Project-Level Account Permission Form

\_\_\_\_\_ hereby grants permission to the **North Dakota Department of Public Instruction** to have access to data stored in this district's account on the DIBELS Data System (<http://dibels.uoregon.edu/>). Access and reports will be provided to the **North Dakota Department of Public Instruction** on a project level, district level, school level, class level, and individual student level.

Access encompasses all information stored in the DIBELS Data System, including student names and ID numbers, demographic information, DIBELS scores, and outcome measure scores. However, access will be password-protected and confidential.

**North Dakota Department of Public Instruction's access is provided on a district level for all schools in the district.**

\_\_\_\_\_ hereby represents and warrants that it has complied with all applicable provisions of the Family Educational Rights and Privacy Act of 1974 and 34 CFR Part 99 necessary for it to authorize the **North Dakota Department of Public Instruction** to be provided with the aforementioned information by the University of Oregon.

The undersigned represents that he or she is authorized to execute this instrument on behalf of

\_\_\_\_\_ .

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

*No additions, deletions, or alterations to the wording on this form will be accepted.*