

EXHIBIT G

TEACHER INFORMED CONSENT FORM

INFORMED CONSENT FORM FOR TEACHERS

The Pennsylvania State University

ORP USE ONLY: The Pennsylvania State University Office for Research Protections Approval Date: Expiration Date: Social Science Institutional Review Board

Title of Project: **The Effects of CompassLearning's Odyssey Math Software on the Mathematics Achievement of Fourth Grade Students**

Principal Investigators: Penn State - University Park Campus: Kyle Peck, Ph.D., Professor & Director, Regional Educational Lab Mid-Atlantic 255 Cedar Building, 814-865-2525, kpeck@psu.edu; Penn State - Beaver Campus: Kay Wijekumar, Ph.D., Assistant Professor of Information Sciences and Technology, 212 Administration Building, 724-773-3814, kxw190@psu.edu; of ICF-Caliber: John Hitchcock, Ph.D. Senior Associate, 10530 Rosehaven Street, Suite 400, Fairfax, VA 22030, 703-219-3799, JHitchcock@icfi.com.

Purpose of the study: The project (funded by the US Department of Education) is aimed at providing more students the opportunity to improve their math skills by receiving individualized practice via state-of-the-art computer technology. The purpose of this study is to examine the effectiveness of the CompassLearning's Odyssey Math software designed to enhance mathematics instruction through the use of interactive problem solving, collaborative learning, scaffolding, and assessment technologies. The program will be conducted in the _____ School District during the regular school day for 60 minutes a week for seven months. This instruction will be under your direct supervision.

You will be trained by the CompassLearning Odyssey Math software company and will be given a username and password to access the system. You will also have access to reports on student performance and can use the Odyssey Math software to assess progress of your students. The research team will assist you in the project by helping with the administration of assessment and will visit your classroom on a regular basis (once a month). The project will last through the entire school year.

- Procedures to be followed:** Each child from your classroom who participates in the study will use a username and password on-line. You will also receive a username and password for use with the Odyssey Math software.
 - Your students will complete a pre-test of the TerraNova CTBS Basic Battery fourth grade Math Subtest Form A Level 14. The research team will assist you in the administration of these tests and surveys.
 - The students in your classroom will use the Odyssey Math software for approximately 60 minutes each week for the entire academic year.
 - During the academic year the research team is available to answer any questions you may have and also interview you on the software and student progress.
 - During the last month of the academic year the students will complete a posttest of the Terranova CTBS Basic Battery fourth grade Math Subtest Form A Level 14.
 - You may be assigned to a control group during the first year of the study. If this happens you will be invited to use the system during the second year of the study.
- Discomforts and risks:** There are no significant risks to you or your students in this study associated with computer use.
- Benefits to your students:** Work with the Odyssey Math software is expected to yield improved math skills and math efficacy for your students. Your students will gain skill in educational use of an

Internet web site that is used extensively. The software is designed to promote interactive problem solving and motivational learning modules.

4. **Potential benefits to society:** Poor math skills are a major problem for students in our society. If the Odyssey Math software is successful the program can be refined for use in many settings. An effective, convenient, and easily accessed computer software would support both children and adults in improving their math skills.
5. **Time duration of the procedures and study:** The study will involve your student for 90 minutes a week for the entire academic year.
6. **Statement of confidentiality:** Your participation in this research is confidential. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies individual respondent or individual district to anyone outside the study team, except required by law. The study team assures that identifying information will be kept completely confidential and in the event of publication of this research, no personally identifying information will be disclosed. In addition, data will be recorded with identification numbers and without personally identifying information; the key linking the identification numbers to names will be stored in a secure location and only available to a very limited number of people with PSU approval.
7. **Right to ask questions:** You have the right to ask questions and have those questions answered. For any questions about research procedures, please contact Dr. Kay Wijekumar, 724-773-3814, kxw190@psu.edu ; Dr. John Hitchcock, 703-219-3799, JHitchcock@icfi.com; or Dr. Kyle Peck, 814-865-2525, kpeck@psu.edu. If you have questions about the rights of research participants, please contact the Office for Research Protections (814-865-1775).
8. **Compensation:** There is no payment to you for participating in this project. There is also no charge to you for your students' participation.
9. **Voluntary participation:** I understand that my participation in this study is voluntary, and that I may withdraw from this study at any time by talking with the Principal or by contacting Drs. Wijekumar, Hitchcock, or & Peck. In addition, I understand that I can decline to answer specific questions asked during this project.

This is to certify that I consent to participation as a volunteer in this program of investigation. I understand that I will receive a copy of this consent form. I have read this form, and understand the content of this consent form.

Teacher Name

Date

Your school name: _____

I, the undersigned, verify that the above informed consent procedure has been followed.

Investigator Signature

Date