

## Registry of Outcome Evaluators

Thank you for choosing to submit your registration information to the What Works Clearinghouse Registry of Outcome Evaluators. Potential sponsors and users of evaluation studies that seek evidence of effectiveness about educational interventions will search this Registry in order to access information about individual and organizational providers who have outcome evaluation experience and who commit to standards of evidence established by the What Works Clearinghouse. We encourage you to review these [standards](#) before completing and submitting a registration form for inclusion in this Registry. If your registration form is complete, we will provide you with a [letter of commitment and permission \(pdf\)](#) that you must read and to which you must agree before your information will be searchable from the public site.

We encourage you to print a [paper copy](#) of this form in order to review all of the required information before completing the online registration form. If you have questions about filling out this form, or prefer to submit this information in paper form, please contact us at:

What Works Clearinghouse  
2277 Research Boulevard, MS 6M  
Rockville, MD 20850  
Email: [info@whatworks.ed.gov](mailto:info@whatworks.ed.gov)  
Phone: 1-866-WWC-9799  
Fax: 301-519-6760

Please indicate if you are submitting a registration form to be considered for inclusion in the Registry of Outcome Evaluators as an individual or for an organization that employs two or more staff members who provide evaluation-related services:

1. [Individual Evaluator](#)
2. [Organization](#)

### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1850-0788**. The time required to complete this information collection is estimated to average 120 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Susan Sanchez, U.S. Department of Education, Institute of Education Sciences, Room 500G, 555 New Jersey Avenue, NW, Washington, DC, Washington, D.C. 20208.

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The information in the Registry of Outcome Evaluators is supplied solely by the evaluators themselves. Neither the What Works Clearinghouse (WWC) nor the U.S. Department of Education endorses any individuals or organizations listed in the Registry. The WWC does not verify the accuracy of the information submitted by the evaluators nor does it assess their qualifications.

# INDIVIDUAL EVALUATOR DATA COLLECTION FORM

1. **Evaluator Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Organization 1 (if applicable):** \_\_\_\_\_  
**Organization 2 (if applicable):** \_\_\_\_\_  
**Address 1:** \_\_\_\_\_  
**Address 2:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** **Drop down ▼** **Zip:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Phone: ( ) -** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_ **- E-mail:** \_\_\_\_\_  
**URL:**  
**http://**\_\_\_\_\_

2. **Indicate the number of years of experience you have had with each type of evaluation service below.**

Evaluation Services	Number of years of experience
<i>Studies of Causal Inference</i>	
Experimental designs <sup>1</sup>	
Quasi-experimental designs <sup>2</sup>	

<sup>1</sup>**Experimental designs:** Randomly assign individuals to groups

<sup>2</sup>**Quasi-experimental designs:** Allow individuals to self-select into groups or put them into groups on the basis of a characteristic related to the outcome variable but using matching or statistical procedures to equate treatment and control groups, such as regression discontinuity, interrupted time series, and econometric models, among others

3. **What is the geographic availability of your evaluation service? (Select all that apply)**

National

Regional:

1  All

2  Great Lakes/Midwest

3  North Central

4  Northwest

5  Southeast

6  South Central

7  Southwest

8  Other (please specify): \_\_\_\_\_

State or Foreign State/Province

Local: Specify \_\_\_\_\_

**4. List up to three (3) projects under each of the two (2) study types below (up to six (6) projects total) with which you have evaluation experience.**

**Study Type:**

- Experimental Design
- Quasi-experimental Design

Project Name: \_\_\_\_\_  
Populations included in study: \_\_\_\_\_  
Outcomes measured: \_\_\_\_\_  
Start date: MM/DD/YYYY End Date: MM/DD/YYYY  
Sponsoring Organization: \_\_\_\_\_  
Sponsor Contact Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: Drop down ▼ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: ( ) - Fax: ( ) - E-mail: \_\_\_\_\_

- Check here if confidentiality provisions prevent you from including a full listing of examples and you would like potential sponsors and/or users of evaluation studies to contact you for further information regarding relevant studies you have conducted.

**5. Indicate the content area(s) that have been the focus of your evaluation experience. (Select all that apply or "Not Applicable.")**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Adult Basic Education (ABE)            | 28 <input type="checkbox"/> Government               |
| 2 <input type="checkbox"/> Adult Literacy                         | 29 <input type="checkbox"/> Graphic Arts             |
| 3 <input type="checkbox"/> Algebra                                | 30 <input type="checkbox"/> Health                   |
| 4 <input type="checkbox"/> Arithmetic                             | 31 <input type="checkbox"/> History                  |
| 5 <input type="checkbox"/> Arts                                   | 32 <input type="checkbox"/> Humanities               |
| 6 <input type="checkbox"/> Beginning Reading                      | 33 <input type="checkbox"/> Language Arts            |
| 7 <input type="checkbox"/> Bilingual Education                    | 34 <input type="checkbox"/> Limited English Speaking |
| 8 <input type="checkbox"/> Biology                                | 35 <input type="checkbox"/> Listening                |
| 9 <input type="checkbox"/> Botany                                 | 36 <input type="checkbox"/> Literature               |
| 10 <input type="checkbox"/> Calculus                              | 37 <input type="checkbox"/> Mathematics              |
| 11 <input type="checkbox"/> Career Education                      | 38 <input type="checkbox"/> Music                    |
| 12 <input type="checkbox"/> Character Education                   | 39 <input type="checkbox"/> Natural Science          |
| 13 <input type="checkbox"/> Chemistry                             | 40 <input type="checkbox"/> Phonemic Awareness       |
| 14 <input type="checkbox"/> Civics                                | 41 <input type="checkbox"/> Phonics                  |
| 15 <input type="checkbox"/> Computer Science                      | 42 <input type="checkbox"/> Physical Education       |
| 16 <input type="checkbox"/> Earth Science                         | 43 <input type="checkbox"/> Physics                  |
| 17 <input type="checkbox"/> Economics                             | 44 <input type="checkbox"/> Probability              |
| 18 <input type="checkbox"/> English                               | 45 <input type="checkbox"/> Psychology               |
| 19 <input type="checkbox"/> English (Second Language)             | 46 <input type="checkbox"/> Reading                  |
| 20 <input type="checkbox"/> Environmental Education               | 47 <input type="checkbox"/> Reading Comprehension    |
| 21 <input type="checkbox"/> Fine Arts                             | 48 <input type="checkbox"/> Reading Strategies       |
| 22 <input type="checkbox"/> Fluency                               | 49 <input type="checkbox"/> Science                  |
| 23 <input type="checkbox"/> Foreign Languages                     | 50 <input type="checkbox"/> Second Languages         |
| 24 <input type="checkbox"/> General Educational Development (GED) | 51 <input type="checkbox"/> Social Studies           |
| 25 <input type="checkbox"/> Geography                             | 52 <input type="checkbox"/> Sociology                |
| 26 <input type="checkbox"/> Geology                               | 53 <input type="checkbox"/> Speech Communication     |
| 27 <input type="checkbox"/> Geometry                              | 54 <input type="checkbox"/> Statistics               |
|   | 55 <input type="checkbox"/> Technology               |

- 56  Theater Arts
- 57  Trigonometry
- 58  Visual Arts
- 59  Vocational Education

- 60  Writing (Composition)
- 61  Other (Specify): \_\_\_\_\_
- 1  Not Applicable

**6. Indicate other characteristics that have been the focus of your evaluation experience. (Select all that apply or "Not Applicable.")**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Ability Grouping                   | 25 <input type="checkbox"/> Parent Participation         |
| 2 <input type="checkbox"/> Accountability                     | 26 <input type="checkbox"/> Preservice Teacher Education |
| 3 <input type="checkbox"/> Advanced Placement                 | 27 <input type="checkbox"/> Professional Development     |
| 4 <input type="checkbox"/> After School Programs              | 28 <input type="checkbox"/> Scheduling                   |
| 5 <input type="checkbox"/> Alternative Teacher Certification  | 29 <input type="checkbox"/> School Choice                |
| 6 <input type="checkbox"/> Attendance                         | 30 <input type="checkbox"/> School Readiness             |
| 7 <input type="checkbox"/> Behavior Problems                  | 31 <input type="checkbox"/> School Size                  |
| 8 <input type="checkbox"/> Class Size                         | 32 <input type="checkbox"/> Socialization                |
| 9 <input type="checkbox"/> Classroom Techniques               | 33 <input type="checkbox"/> Student Behavior             |
| 10 <input type="checkbox"/> Compensatory Education            | 34 <input type="checkbox"/> Student Motivation           |
| 11 <input type="checkbox"/> Comprehensive School Reform       | 35 <input type="checkbox"/> Substance Abuse Prevention   |
| 12 <input type="checkbox"/> Computer Assisted Instruction     | 36 <input type="checkbox"/> Summer School                |
| 13 <input type="checkbox"/> Computer Uses in Education        | 37 <input type="checkbox"/> Teacher Education            |
| 14 <input type="checkbox"/> Crime Prevention                  | 38 <input type="checkbox"/> Teacher Effectiveness        |
| 15 <input type="checkbox"/> Curriculum                        | 39 <input type="checkbox"/> Teacher Training             |
| 16 <input type="checkbox"/> Distance Education                | 40 <input type="checkbox"/> Technology                   |
| 17 <input type="checkbox"/> Dropout Prevention                | 41 <input type="checkbox"/> Textbooks                    |
| 18 <input type="checkbox"/> Educational Technology            | 42 <input type="checkbox"/> Transportation               |
| 19 <input type="checkbox"/> Extended School Year              | 43 <input type="checkbox"/> Truancy Prevention           |
| 20 <input type="checkbox"/> Grouping (Instructional Purposes) | 44 <input type="checkbox"/> Year Round Schools           |
| 21 <input type="checkbox"/> High School Equivalency Programs  | 45 <input type="checkbox"/> Other (Specify):             |
| 22 <input type="checkbox"/> Individualized Education Programs | _____  |
| 23 <input type="checkbox"/> Instructional Materials           |  |
| 24 <input type="checkbox"/> Lifelong Learning                 | 1 <input type="checkbox"/> Not Applicable                |

**7. Indicate the target population(s) that have been the focus of your evaluation experience. (Select all that apply or "Not Applicable.")**

**Student Gender**

- 1  Female Students
- 2  Male Students

**Student Race/Ethnicity**

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black or African American
- 4  Hispanic or Latino
- 5  Native Hawaiian or Other Pacific Islander
- 6  White

**Student Level(s) of Education:**

- 1  Preschool
- 2  Kindergarten
- 3  Elementary School
- 4  Middle School
- 5  High School
- 6  Postsecondary Education
- 7  Vocational/Career Education
- 8  Adult/Continuing Education

**Student Disability**

- 1  Developmentally Disabled Students
- 2  Emotionally Disabled Students
- 3  Hearing-Impaired Students
- 4  Learning Disabled Students
- 5  Physically Disabled Students
- 6  Students with Multiple Disabilities
- 7  Vision-Impaired Students
- 8  Speech-Impaired Students

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**Student Language**

1  Limited English Proficient

**Student Risk/Disadvantage**

1  At Risk/Disadvantaged Students

1  **Other** (Specify): \_\_\_\_\_

1  **Not Applicable**

**Urbanicity**

Rural  Suburban  Urban  Not Applicable

**8. What type(s) of degrees(s) have you earned? (Select all that apply.)**

Discipline or Field	BA/BS	Masters	Doctorate
Computer Science/IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychometrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. List up to five (5) relevant reports or publications that best illustrate your evaluation experience.**

**Resource Type:**

Published/Unpublished Report  Book/Thesis  Chapter in a Book  Journal Article

Report Title: \_\_\_\_\_

Author(s): \_\_\_\_\_

Year: \_\_\_\_\_ Publisher (if applicable): \_\_\_\_\_

URL: http://\_\_\_\_\_

Book/Thesis Title: \_\_\_\_\_

Author(s): \_\_\_\_\_

Year: \_\_\_\_\_ Publisher (if applicable): \_\_\_\_\_

URL: http://\_\_\_\_\_

Chapter Title: \_\_\_\_\_

Book Title: \_\_\_\_\_

Author(s): \_\_\_\_\_

Publication Year: \_\_\_\_\_ Publisher: \_\_\_\_\_

Page number: \_\_\_\_\_

URL: http://\_\_\_\_\_

Journal Article Title: \_\_\_\_\_

Journal Title: \_\_\_\_\_

Journal Volume/Issue Number (if applicable): \_\_\_\_\_

Page number: \_\_\_\_\_

# What Works Clearinghouse



Publication Date: \_\_\_\_\_

URL: [http://\\_\\_\\_\\_\\_](http://_____)

If study is not published, click [here](#) to submit an electronic copy of the study description or report.

URL: [http://\\_\\_\\_\\_\\_](http://_____)

- Check here if confidentiality provisions prevent you from including a full listing of examples and you would like potential sponsors and/or users of evaluation studies to contact you for further information regarding relevant evaluation publications you have authored.

## ORGANIZATION EVALUATOR DATA COLLECTION FORM

**1. Contact Name:**

\_\_\_\_\_

Title: \_\_\_\_\_

Organization 1: \_\_\_\_\_

Organization 2: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **Drop down ▼** Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

URL: \_\_\_\_\_

http:// \_\_\_\_\_

**2. List below the total number of professional staff in your organization who fall into each category of years of experience.**

Evaluation Services	Number of Staff with Experience by Number of Years Experience			
	1 to 5 Years	6 to 9 Years	10 to 19 Years	20 or more Years
<i>Studies of Causal Inference</i>				
Experimental designs <sup>1</sup>				
Quasi-experimental designs <sup>2</sup>				

<sup>1</sup> **Experimental designs:** Randomly assign individuals to groups

<sup>2</sup> **Quasi-experimental designs:** Allow individuals to self-select into groups or put them into groups on the basis of a characteristic related to the outcome variable but using matching or statistical procedures to equate treatment and control groups, such as regression discontinuity, interrupted time series, and econometric models, among others.

**3. What is the geographic availability of your evaluation service? (Select all that apply)**

National

Regional:

1  All

2  Great Lakes/Midwest

3  North Central

4  Northwest

5  Southeast

6  South Central

# What Works Clearinghouse



- 7  Southwest
- 8  Other (please specify): \_\_\_\_\_

- State or Foreign State/Province
- Local: Specify \_\_\_\_\_

**4. List up to seven (7) projects under each of the two (2) study types below (up to fourteen (14) projects total) with which your organization has experience.**

**Study Type**

- Experimental Design
- Quasi-experimental Design

Project Name: \_\_\_\_\_  
 Populations included in study: \_\_\_\_\_  
 Outcomes measured: \_\_\_\_\_  
 Start date: MM/DD/YYYY End Date: MM/DD/YYYY  
 Sponsoring Organization: \_\_\_\_\_  
 Sponsor Contact Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: Drop down ▼ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: ( ) - Fax: ( ) - E-mail: \_\_\_\_\_

**5. Indicate the content area(s) that have been the focus of your evaluation experience. (Select all that apply or “Not Applicable.”)**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Adult Basic Education (ABE) | 24 <input type="checkbox"/> General Educational Development (GED) |
| 2 <input type="checkbox"/> Adult Literacy              | 25 <input type="checkbox"/> Geography                             |
| 3 <input type="checkbox"/> Algebra                     | 26 <input type="checkbox"/> Geology                               |
| 4 <input type="checkbox"/> Arithmetic                  | 27 <input type="checkbox"/> Geometry                              |
| 5 <input type="checkbox"/> Arts                        | 28 <input type="checkbox"/> Government                            |
| 6 <input type="checkbox"/> Beginning Reading           | 29 <input type="checkbox"/> Graphic Arts                          |
| 7 <input type="checkbox"/> Bilingual Education         | 30 <input type="checkbox"/> Health                                |
| 8 <input type="checkbox"/> Biology                     | 31 <input type="checkbox"/> History                               |
| 9 <input type="checkbox"/> Botany                      | 32 <input type="checkbox"/> Humanities                            |
| 10 <input type="checkbox"/> Calculus                   | 33 <input type="checkbox"/> Language Arts                         |
| 11 <input type="checkbox"/> Career Education           | 34 <input type="checkbox"/> Limited English Speaking              |
| 12 <input type="checkbox"/> Character Education        | 35 <input type="checkbox"/> Listening                             |
| 13 <input type="checkbox"/> Chemistry                  | 36 <input type="checkbox"/> Literature                            |
| 14 <input type="checkbox"/> Civics                     | 37 <input type="checkbox"/> Mathematics                           |
| 15 <input type="checkbox"/> Computer Science           | 38 <input type="checkbox"/> Music                                 |
| 16 <input type="checkbox"/> Earth Science              | 39 <input type="checkbox"/> Natural Science                       |
| 17 <input type="checkbox"/> Economics                  | 40 <input type="checkbox"/> Phonemic Awareness                    |
| 18 <input type="checkbox"/> English                    | 41 <input type="checkbox"/> Phonics                               |
| 19 <input type="checkbox"/> English (Second Language)  | 42 <input type="checkbox"/> Physical Education                    |
| 20 <input type="checkbox"/> Environmental Education    | 43 <input type="checkbox"/> Physics                               |
| 21 <input type="checkbox"/> Fine Arts                  | 44 <input type="checkbox"/> Probability                           |
| 22 <input type="checkbox"/> Fluency                    | 45 <input type="checkbox"/> Psychology                            |
| 23 <input type="checkbox"/> Foreign Languages          | 46 <input type="checkbox"/> Reading                               |



# What Works Clearinghouse



- 47  Reading Comprehension
- 48  Reading Strategies
- 49  Science
- 50  Second Languages
- 51  Social Studies
- 52  Sociology
- 53  Speech Communication
- 54  Statistics
- 55  Technology
- 56  Theater Arts
- 57  Trigonometry
- 58  Visual Arts
- 59  Vocational Education
- 60  Writing (Composition)
- 61  Other (Specify): \_\_\_\_\_
- 1  Not Applicable

**6. Indicate other characteristics that have been the focus of your evaluation experience. (Select all that apply or “Not Applicable.”)**

- 1  Ability Grouping
- 2  Accountability
- 3  Advanced Placement
- 4  After School Programs
- 5  Alternative Teacher Certification
- 6  Attendance
- 7  Behavior Problems
- 8  Class Size
- 9  Classroom Techniques
- 10  Compensatory Education
- 11  Comprehensive School Reform
- 12  Computer Assisted Instruction
- 13  Computer Uses in Education
- 14  Crime Prevention
- 15  Curriculum
- 16  Distance Education
- 17  Dropout Prevention
- 18  Educational Technology
- 19  Extended School Year
- 20  Grouping (Instructional Purposes)
- 21  High School Equivalency Programs
- 22  Individualized Education Programs
- 23  Instructional Materials
- 24  Lifelong Learning
- 25  Parent Participation
- 26  Preservice Teacher Education
- 27  Professional Development
- 28  Scheduling
- 29  School Choice
- 30  School Readiness
- 31  School Size
- 32  Socialization
- 33  Student Behavior
- 34  Student Motivation
- 35  Substance Abuse Prevention
- 36  Summer School
- 37  Teacher Education
- 38  Teacher Effectiveness
- 39  Teacher Training
- 40  Technology
- 41  Textbooks
- 42  Transportation
- 43  Truancy Prevention
- 44  Year Round Schools
- 45  Other (Specify):  
\_\_\_\_\_
- 1  Not Applicable

**7. Indicate the target population(s) that have been the focus of your evaluation experience. (Select all that apply or “Not Applicable.”)**

**Student Gender**

- 1  Female Students
- 2  Male Students

**Student Race/Ethnicity**

- 1  American Indian or Alaska Native

- 2  Asian
- 3  Black or African American
- 4  Hispanic or Latino
- 5  Native Hawaiian or Other Pacific Islander
- 6  White

# What Works Clearinghouse



**Student Level(s) of Education:**

- 1  Preschool
- 2  Kindergarten
- 3  Elementary School
- 4  Middle School
- 5  High School
- 6  Postsecondary Education
- 7  Vocational/Career Education
- 8  Adult/Continuing Education

**Student Disability**

- 1  Developmentally Disabled Students
- 2  Emotionally Disabled Students
- 3  Hearing-Impaired Students
- 4  Learning Disabled Students
- 5  Physically Disabled Students
- 6  Students with Multiple Disabilities
- 7  Vision-Impaired Students
- 8  Speech-Impaired Students

**Student Language**

- 1  Limited English Proficient

**Student Risk/Disadvantage**

- 1  At Risk/Disadvantaged Students

**Other (Specify):** \_\_\_\_\_

- 1  **Not Applicable**

**Urbanicity**

- Rural  Suburban  Urban  Not Applicable

**8. Number of professional staff in your organization:** \_\_\_\_\_

**9. Indicate the types of earned degrees held by your organization’s professional staff.**

Discipline or Field	BA/BS	Masters	Doctorate
Computer Science/IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychometrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# What Works Clearinghouse



**10. List up to five (5) relevant reports or publications that best illustrate your organization’s evaluation experience.**

**Resource Type:**

Published/Unpublished Report  Book/Thesis  Chapter in a Book  Journal Article

Report Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Year: \_\_\_\_\_ Publisher (if applicable): \_\_\_\_\_  
URL: http://\_\_\_\_\_

Book/Thesis Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Year: \_\_\_\_\_ Publisher (if applicable): \_\_\_\_\_  
URL: http://\_\_\_\_\_

Chapter Title: \_\_\_\_\_  
Book Title: \_\_\_\_\_  
Author(s): \_\_\_\_\_  
Publication Year: \_\_\_\_\_ Publisher: \_\_\_\_\_  
Page number: \_\_\_\_\_  
URL: http://\_\_\_\_\_

Journal Article Title: \_\_\_\_\_  
Journal Title: \_\_\_\_\_  
Journal Volume/Issue Number (if applicable): \_\_\_\_\_  
Page number: \_\_\_\_\_  
Publication Date: \_\_\_\_\_  
URL: http://\_\_\_\_\_

If study is not published, click [here](#) to submit an electronic copy of the study description or report.  
URL: http://\_\_\_\_\_

Check here if confidentiality provisions prevent you from including a full listing of examples and you would like potential sponsors and/or users of evaluation studies to contact you for further information regarding relevant evaluation publications you have authored.

## WHAT WORKS CLEARINGHOUSE REGISTRY OF OUTCOME EVALUATORS LETTER OF COMMITMENT

DATE

To: What Works Clearinghouse:

As part of (my/our) registration for listing in the Registry of Outcome Evaluators of the What Works Clearinghouse (WWC), (I/we) understand that the purpose of the registry is to provide a public listing to assist people in identifying those evaluators who have experience in conducting causal inference studies of the effectiveness of educational interventions. (I/We) commit to using the highest standards of scientific evidence, as defined by the WWC, for answering questions of the effectiveness of educational interventions. Further, (I/we) agree to make clear to sponsors and clients the degree to which the work (I/we) plan to conduct on their behalf will overcome or limit the threats to construct, internal, external and statistical validity and the resulting implications for making appropriate causal claims. I hereby submit (my/our) request for registration, and give you permission to use the information in the Registry of Outcome Evaluators and related WWC products. (I/We) further attest that the information provided herein is complete and accurate as of this date.

Sincerely,