

Exhibit C.
Scheduling Form

Scheduling Form

School Name _____

Point of Contact Name / Phone Number / email _____

Algebra I Schedule for Classroom Observation and Post-testing

Class Period	Teacher 1 Name:	Teacher 2 Name:	Teacher 3 Name:	Teacher 4 Name:
Insert the times for when the period begins and ends in the column below	Please put a check mark for all periods Algebra I is taught	Please put a check mark for all periods Algebra I is taught	Please put a check mark for all periods Algebra I is taught	Please put a check mark for all periods Algebra I is taught
1 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
2 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
3 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
4 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
5 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
6 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
7 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#
8 Start: End:	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#	Rm# Algebra I Section#

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. Researchers will not provide information that identifies you, your school, or your district to anyone outside the study team, except as required by law.

