School ID:		
achoor ira.		

OMB Number: xxxx-xxxx Expiration Date: xx/xx/08

APPENDIX F

SIOP Study School Partnership Agreement

This document is intended to serve as a partnership agreement between the Regional Educational Laboratory-Southeast (REL-SE), SERVE Center at the University of North Carolina at Greensboro (SERVE), Pearson Achievement Solutions, Abt Associates Inc., and [Insert School Name] for the study of The Effectiveness of Sheltered Instruction on English Language Learners in Georgia 4th and 5th Grade Classrooms ("SIOP Study"). This agreement sets forth the individual and joint responsibilities of REL-SE, SERVE study staff, Pearson, and school staff. This study will take place beginning in June 2008 and continuing through June 2009. Within each school, 4th and 5th grade teachers will participate in the study for one year.

In the year of the study (2008-2009, "Treatment"), 4th and 5th grade teachers in one half of the schools will be randomly assigned to receive training in the SIOP model of Sheltered Instruction. Fourth and 5th grade teachers in the other half of the schools ("Control" schools) will be eligible to receive SIOP training in the summer following the study year (Summer 2009). Fourth and 5th grade teachers in all participating schools will be asked to complete a brief survey and allow their classrooms to be observed by SERVE study staff consultants once on a mutually agreed upon date during Spring 2009.

Responsibilities of Partners: Major responsibilities for partners are listed below.

SERVE STUDY STAFF WILL:

- **Randomly Assign Schools:** In Spring 2008, after schools and teachers have agreed to participate, Abt staff will randomly assign participating schools to Treatment or Control conditions. Of the schools that have volunteered and are eligible, up to 64 schools will be selected to participate. From this group, half will be randomly assigned to "Treatment" (i.e., receive SIOP training in the 2008-2009 school year), and half will be assigned to "Control" (i.e., be eligible to receive SIOP training in the 2009-2010 school year). All 4th and 5th grade teachers in participating schools will be assigned to the same group as the other teachers in their school and will remain in that group until June 2009.
- **Collect Data:** SERVE staff will observe all participating classrooms to understand the materials and activities available to children and the nature of teacher-child instructional interactions. These observations will be conducted once, in Spring 2009. Observers will collect surveys completed by teachers.
- **Assure Confidentiality:** SERVE staff will combine the data from all participating schools when we analyze outcomes for teachers and children. In reporting findings to the U.S. Department of Education and publicly, no information will be linked to a specific school, teacher, or child.
- **Provide Reports:** SERVE study staff will ensure that all participating schools and teachers receive copies of any reports that present the findings of the study.

PEARSON ACHIEVEMENT SOLUTIONS (Pearson) WILL:

• **Provide SIOP Training Materials, Training, and Coaches:** Throughout the study year, Pearson will provide the necessary SIOP training materials for Treatment schools in 2008-2009 **at no cost to schools or teachers** (beyond the cost of substitute teachers for training days, if needed). Pearson will provide the initial training of teachers, which will occur in

Summer 2008 for Treatment teachers and Summer 2009 for Control teachers. Pearson will also provide the follow-up training (4 days of follow-up component enrichment training, during the school year) and coaching and observation visits (2 visits) of Treatment teachers during the school year (2008-2009).



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• **Schedule Training/Coaching Sessions:** Pearson will work with schools and teachers to schedule the follow-up training (4 days) and coaching and observation sessions (2 visits) for Treatment teachers (during the 2008-2009 school year).

[Insert School Name] WILL:

- **Agree to Random Assignment:** [Insert School Name] will agree to be part of whichever group to which the school is assigned—either to implement SIOP in all 4th and 5th grade classrooms in the school (Treatment group) or to wait until the year following the study and have the option of receiving SIOP training for 4th and 5th grade teachers (Control group) without further obligation.
- **Agree to Participate for the Duration of the Study:** [Insert School Name] commits to participating for the duration of the study (June 2008-June 2009).
- **Obtain Teacher Consent:** [Insert School Name] will collect teacher consent forms from all 4th and 5th grade teachers who agree to participate in the study.
- **Participate in Data Collection:** [Insert School Name] agrees to allow or facilitate data collection by facilitating the distribution of Teacher Surveys (which will be mailed to the school), facilitating the scheduling of observation visits (through a designated contact person, if necessary), and by permitting observers to come into the school and observe in participating 4th and 5th grade teachers' classrooms.

Changes to the Partnership Agreement: If, over the course of the study, any modifications or additions need to be made to this agreement, terms may be adjusted with written amendments as agreed upon by both parties.

Period of Partnership Agreement: May 2008 – June 2009.			
Signatures:			
SERVE official	Principal		
Date	School Name		
	Date		

Please return the signed School Partnership Agreement and the Completed School Contact Information form in the envelope provided.

Note. 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 you or your district to anyone outside the study team, except as required by law.



School ID:		

Insert School Name: **Insert Address Line 1:** Insert Address Line 2: OMB Number: xxxx-xxxx Expiration Date: xx/xx/08

SIOP Study School Contact Information

Please verify the following information and make any changes necessary:

Insert School Phone: ###	
Insert School Fax: ###	
Insert Administrative Contact Person's e-mail:	
Please provide the name of the primary contact person who collection activities (if this person is different from the person	
Contact name:	
Title:	
Phone:	
Fax:	
E-mail:	
Please provide the schedule of school hours:	
School day starts at a.m.	
School day ends at p.m.	
Please provide the names of the teachers who will participa	te in the study:
4 th Grade Classroom #1:	room number:
4 th Grade Classroom #2:	room number:
4 th Grade Classroom #3:	room number:
4 th Grade Classroom #4:	room number:
4 th Grade Classroom #5:	room number:
4 th Grade Classroom #6:	room number:
4 th Grade Classroom #7:	room number:
4 th Grade Classroom #8:	room number:
5 th Grade Classroom #1:	room number:
5 th Grade Classroom #2:	room number:
5 th Grade Classroom #3:	room number:

Use back of page to indicate additional teachers. If teachers teach both 4th and 5th grade, please indicate this by writing in "& 5th" before that teacher's name.

5th Grade Classroom #4:

5th Grade Classroom #5: _____

5th Grade Classroom #6: _____

5th Grade Classroom #7: _____

5th Grade Classroom #8: _____



room number: _____

room number: _____

room number: _____

room number: _____

room number: _____