

**APPENDIX D**

**CONSENT FORM FOR ACCESS TO  
COLLEGE ENTRANCE  
EXAM SCORES**

## Evaluation of the Impact of Teacher Induction Programs

### Permission to Collect Data for the Sole Use of the Study

**Study Purpose:** The Institute of Education Sciences at the U.S. Department of Education has contracted with Mathematica Policy Research, Inc. to conduct the Evaluation of the Impact of Teacher Induction Programs. The purpose of the study is to rigorously test whether the nature and extent of teacher induction programs are related to novice teacher instructional practices and retention. Through various modes of data collection—both quantitative and qualitative—the study will determine the comparative effectiveness of contrasting methods of teacher induction.

We will conduct a classroom observation as part of your participation in this study. The results of the observation are kept confidential and will not be shared with anyone outside the Mathematica study team. We will also ask you to complete brief questionnaires during the course of the study that collect information on your teacher preparation participation in induction activities and your career path.

Please sign here to indicate your understanding of the study components as stated and your willingness to cooperate with this data collection effort.

SIGNATURE: \_\_\_\_\_

**Confidentiality:** The information you provide will be held in strict confidence and used only for the study. Your name will never be used in reporting the results of the study. The confidentiality of your answers is guaranteed by the Privacy Act of 1974. Under this law, your answers cannot be released in any manner which would enable someone to identify you unless you give us written consent or as required by law. Providing the information below is voluntary, not mandatory.

### Permission for Releasing SAT/ACT Scores

Please provide us with the following information so that ACT or College Board can locate your records and send them to Mathematica Policy Research, Inc. only for use by the Impact Evaluation of Teacher Induction Programs Study.

**Q1. At any point in time, did you take the SAT and/or ACT test?**

- Yes, I took the ACT test.  
 Yes, I took the SAT test.  
 No, I have never taken either of these tests. (Please complete Q4 only and return this form.)

**Q2. What was your name at the time the test was taken? (PLEASE PRINT)**

\_\_\_\_\_  
 FIRST NAME

\_\_\_\_\_  
 MIDDLE INITIAL

\_\_\_\_\_  
 LAST NAME

**Q3. Has your name changed since the time you took the test?**

- Yes  
 No → **GO TO Q5**

**Q4. What is your current name? (PLEASE PRINT)**

\_\_\_\_\_  
 FIRST NAME

\_\_\_\_\_  
 MIDDLE INITIAL

\_\_\_\_\_  
 LAST NAME

**Q5. What is your Social Security number?**

|\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|

**Q6. What is your gender?**

- Female
- Male

**Q7. What is your date of birth?**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|  
Month Day Year

**Q8. What was the name and address of the high school you attended? Please spell out the name of the state or country.**

HIGH SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ZIP: \_\_\_\_\_

**Q9. In what state or country did you take the test? Please spell out the name of the state or country.**

STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**Q10. In what year did you take the test?**

YEAR: |\_|\_|\_|\_|

**Q11. Please provide your signature as permission for MPR to obtain your test scores.**

SIGNATURE: \_\_\_\_\_

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|  
Month Day Year

**If you have any questions regarding this study, please contact the Survey Director, Pat Nemeth at 609-275-2294 or at pnemeth@mathematica-mpr.com.**

PLEASE RETURN THIS FORM TO:  
Mathematica Policy Research, Inc.  
P.O. Box 2393  
Princeton, NJ 08543

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxx-xxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. 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, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.