

**Appendix J: Draft School Memorandum of Understanding**

**Memorandum of Understanding  
between  
McREL and [School]**

**Study Responsibilities**

McREL will provide *Classroom Assessment for Student Learning (CASL)* materials to each treatment school. This includes a book for each participating teacher and a set of DVDs for each school. McREL will provide each control school with the equivalent financial resource of the *CASL* program to balance the resources received by all schools in the study. McREL will also provide a user guide for treatment teacher teams and will lead a study orientation. McREL will monitor teacher use of *CASL* and the process of data collection. 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. McREL will manage the distribution and return of study instruments, analyze the data, report findings, and provide stipends to participating teachers. McREL will assign all districts, schools and individual participants ID numbers and strip all identifying information from the data. No identifying information will be included in reports on this study.

[The school] will comply with random assignment of schools to treatment and control groups, and will not supply *CASL* materials to teachers in the control group. All 4<sup>th</sup> and 5<sup>th</sup> grade teachers in each treatment school will use the *CASL* program in a learning team and complete all data collection activities. Schools in the control group will continue their usual professional development practice, complete data collection activities, and refrain from using *CASL* until after study completion (fall 2009). Each school will select one site coordinator, who will help provide requested information to McREL. This involves distribution, collection and mailing of study materials.

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**I understand and agree to the above information. I have received a copy of this form for my files.**

**School Representative's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**School Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Researcher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this agreement to:**  
**Dr. Bruce Randel, Principal Researcher**  
**McREL**  
**4601 DTC Blvd, Suite 500**  
**Denver, CO 80237**  
**Fax: (303) 337-3005**