

## **EXHIBIT E: TEACHER INFORMED CONSENT LETTER**

## Teacher Informed Consent

[date]

Dear Teacher,

At today's Study Orientation meeting, we spoke with you about your school's involvement in a study of *Success in Sight*, a school improvement intervention developed by Mid-continent Research for Education and Learning (McREL). ASPEN Associates, a local research firm, has been hired by McREL to conduct this rigorous study.

ASPEN Associates is inviting your participation in this study of *Success in Sight*, which has been developed and pilot tested over the last ten years, to provide rigorous data on its effectiveness in helping schools plan for, manage, and sustain school improvement. The ultimate purpose of this study is to determine if *Success in Sight* is effective in building schools' capacity to plan for and engage in change that leads to improved student achievement.

As part of this study, you will be asked to complete an online teacher survey on three occasions: spring 2008, spring 2009, and fall 2009.

While participation in this study is voluntary, we hope that you will participate fully in all data collection so that the results truly represent the opinions of teachers each of the schools. Whether you decide to participate in the study will in no way affect your relationship with your school or school district.

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

If you have any questions about this study, please feel free to contact me at (952) 837-6251 or [epalmer@aspennassociates.org](mailto:epalmer@aspennassociates.org).

Thank you for your assistance.

Sincerely,



Elisabeth A. Palmer, Ph.D.  
Director of Research

Encl.

## **Study of *Success in Sight* Teacher Informed Consent Form**

I have read the information about the purpose of this study, study procedures and time frame, and ASPEN Associates' assurances of confidentiality. I understand that my participation is voluntary and that I may withdraw at any time.

I understand that the purpose of random assignment is to maintain experimental control in order to evaluate the impact of the treatment, *Success in Sight*, on educational outcomes. I understand that if my school is randomly assigned to the treatment group I will participate in *Success in Sight* and if my school is randomly assigned to the control group I will delay participation in *Success in Sight* or a similar intervention until the conclusion of the study, approximately June 30, 2010.

**By signing this form, I agree to participate in the study of *Success in Sight* being conducted by ASPEN Associates. I have received a copy of this form for my files.**

\_\_\_\_\_  
**Please print your name**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Investigator Signature**

\_\_\_\_\_  
**Date**

**Please return this signed Informed Consent Form to:**

Dr. Elisabeth Palmer  
Director of Research and Principal Investigator  
ASPEN Associates, Inc.  
7701 France Avenue South, Suite 200, Edina, MN 55435

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110). 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.

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 **xxxx-xxxx**. The estimated time required to complete this information collection is disclosed above, 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.

