

**TEACHER CONSENT LETTER – STATES THAT DO NOT
REQUIRE PRAXIS FOR CERTIFICATION**

P.O. Box 2393
Princeton, NJ 08543-2393
Telephone (609) 799-3535
Fax (609) 799-0005
www.mathematica-mpr.com

[Date]

Dear [Teacher Name],

Thank you very much for participating in the Study of Secondary Math Teachers from Alternative Routes to Certification, sponsored by the U.S. Department of Education. This important study can help schools understand how different teacher preparation programs contribute to the preparation of math teachers.

As part of the study, we wish to learn about the background of teachers who participate in different teacher preparation programs. In spring 2010, we will be conducting a survey that will ask teachers about their demographic characteristics, educational background, teaching preparation, and professional experience. To understand as fully as possible the differences across teachers, in fall 2009 we also are asking teachers to take the Educational Testing Service's Praxis Middle School Mathematics (0069) test or the Praxis Content Knowledge in Mathematics (0061) test. We will handle all registration tasks and pay all test fees. In appreciation of your participation, we will mail you a check for **\$120** within two weeks after completion of the test.

Your score information will be kept strictly confidential and will not be shared with anyone outside the study team. District officials, principals, and school staff will not have access to the score data. Our reports and analyses will present Praxis test score data in aggregate for the entire sample or large subsets of the sample, and will not be presented in a way that individual schools or teachers could be identified.

Your participation is voluntary but very important. The Praxis Mathematics subject test is scheduled for [Date] at [time] at [location of testing site]. Please let us know if you are not available to take the test on this scheduled date so we can make other arrangements for you to complete the test.

On the day of the test we will also ask you to complete two one page forms: (1) a contact form where we ask for information that could help us to contact you for the spring 2010 survey if you move to a new school or change jobs; and (2) a consent form that will allow us to obtain your Praxis test score directly from the Educational Testing Service. **We will add an additional \$5.00 to the check amount for a total of \$125.00 as a thank you.**

If you have any questions or concerns about the study or the assessment, please do not hesitate to call me toll free at (866) 330-9199 or at (609) 275-2293 or to email me at ksonnenfeld@mathematica-mpr.com. We greatly appreciate your cooperation and support of this important study.

Sincerely,

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MATHEMATICA
Policy Research, Inc.

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As part of the study, we wish to learn about the background of teachers who participate in different teacher preparation programs. In spring 2010, we will be conducting a survey that will ask teachers about their demographic characteristics, educational background, teaching preparation, and professional experience. To understand as fully as possible the differences across teachers, in fall 2009 we are also asking teachers to give us permission to obtain a copy of their scores on the Educational Testing Service's Praxis Middle School Mathematics (0069) test or the Praxis Mathematics Content Knowledge in Mathematics (0061) test that they took to obtain certification. Your participation is voluntary but very important.

Your score information will be kept strictly confidential and will not be shared with anyone outside the study team. District officials, principals, and school staff will not have access to the score data. Our reports and analyses will present Praxis test score data in aggregate for the entire sample or large subsets of the sample, and will not be presented in a way that individual schools or teachers could be identified.

Also, we have enclosed two forms for you to complete. 1) a contact form where we ask for information that could help us to contact you for the spring 2010 survey if you move to a new school or change jobs; and 2) a consent form that will allow us to obtain your PRAXIS score directly from the Educational Testing Service. All we ask is that you complete and use the preaddressed, prepaid envelope to return the forms to us. **Upon receipt of your completed forms, we will mail you \$5.00 as a thank you.** Please make sure to sign the consent form.

If you have any questions or concerns about the study or the assessment, please do not hesitate to call me toll free at (866) 330-9199 or at (609) 275-2293 or to email me at ksonnenfeld@mathematica-mpr.com. We greatly appreciate your cooperation and support of this important study.

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TEACHER CONSENT FORM – STATES THAT DO NOT
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**Study of Secondary Math Teachers from Alternative Routes to
Certification**

TEACHER CONSENT FORM

Permission to Collect Data for the Sole Use of the Study

The Institute of Education Sciences at the U.S. Department of Education has contracted with Mathematica Policy Research, Inc. to conduct a study of secondary math teachers. This important study can help schools understand how different teacher preparation programs contribute to the preparation of math teachers.

As part of the study, we are conducting an assessment to measure teachers' knowledge of mathematics that is typically taught in secondary school (grades 6 through 12). We are requesting that you complete the Praxis Middle School Mathematics (0069) test or the Praxis Content Knowledge in Mathematics (0061) test at a specified testing site. We will handle the registration and payment of all registration fees. Participation is voluntary.

We are requesting that **you grant permission for the Educational Testing Service to release your score on the Praxis Middle School Mathematics (0069) test or the Praxis Content Knowledge in Mathematics (0061) test to Mathematica Policy Research, Inc.** These data will be kept confidential and will not be shared with anyone outside the Mathematica study team. District officials, principals, and school staff will not have access to the study data. The data for all schools and teachers in the study will be combined when presented.

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

SIGNATURE: _____

NAME (PRINT): _____
First Name Middle Initial Last Name

DATE SIGNED: |__|_| / |__|_| / | 2 | 0 | 0 | 9 |
Month Day Year

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 above information is voluntary, not mandatory.

**If you have any questions regarding this study, please contact the
Survey Director, Kathy Sonnenfeld, toll free at (866) 330-9199 or at (609) 275-2293.**

PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE TO:

Kathy Sonnenfeld
Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393

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