**Identifying Potentially Successful Approaches to Turning Around Chronically Low-Performing Schools: Informed Consent Form**

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## Purpose. The American Institutes for Research and its partners, Decision Information Resources, Policy Studies Associates, and the Urban Institute are conducting a study to identify potentially successful approaches to turning around chronically low-performing schools. The purpose of the study is to provide an up-to-date, in-depth picture of implementation of practices, policies, and programs and the contexts in which these implementation efforts are associated with improved student outcomes. To assist with the evaluation, we are asking district and school staff to participate in interviews. The interviews are designed to last no more than one hour.

## Risks and Discomfort. There are few anticipated or known risks in participating in this study.

## Benefits. Your participation will contribute to an understanding of the processes and contexts for implementation that are associated with the successful implementation and outcomes of practices, policies, and programs.

## Confidentiality. We will treat the information that you supply in a confidential manner. Only selected research staff will have access to data. We will not disclose either your name or the name of your school to anyone outside the research team, except as may be required by law.

## More Information. If you would like more information about this study, you may contact the Project Director, Daniel Aladjem, at the American Institutes for Research at (202) 403-5386 or at daladjem@air.org. For questions regarding your rights as a subject participating in this research, please contact AIR’s IRB at IRBChair@air.org, toll free at 1-800-634-0797.

## Informed Consent

I have read the above information. I have asked questions and received answers. I consent to participate in the study.

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| **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **District/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |