

# **Appendix 12: School-Year Teacher Implementation Form**

## Summer of Innovation School-Year Teacher Implementation Form

### Greetings!

The National Aeronautics and Space Administration (NASA) is conducting a national evaluation of its Summer of Innovation (Sol) Program. Abt Associates Inc. and its partner the Education Development Center have been hired to conduct this study. You have been selected to complete this teacher implementation form based on your role in the Sol Program. These forms are intended to help NASA learn about when teachers are using the Sol content and resources and how many students are participating during the school-year. We will be sending you this form every month between September and March. We estimate that it will take approximately 10 minutes on average to complete each month.

### Privacy and Participation

Your participation in the study is voluntary and nonparticipation will have no impact on you or your Sol awardee organization. Your responses to this survey will be protected under the Privacy Act. There is minimal risk of breach of confidentiality, and we have put in place procedures to minimize this risk. You will never be identified by name, and information from the evaluation will only be reported in the aggregate.

**If you wish to participate in this study please click Next.**

**Next**

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **Return this form by entering the submit button when you are finished. You can find additional information on this program at <http://www.nasa.gov/offices/education/programs/national/summer/home/index.html>.** You may send comments on our time estimate above to: [NASASummerofInnovation@abtassoc.com](mailto:NASASummerofInnovation@abtassoc.com). **Please send only comments relating to our time estimate or comments to this address, not the completed form.** If you have questions about this evaluation, please contact the evaluation director, Hilary Rhodes of Abt Associates Inc. at (877) 520-6840 (toll-free) or send an email to [NASASummerofInnovation@abtassoc.com](mailto:NASASummerofInnovation@abtassoc.com). You may also contact the evaluation's program officer at NASA Brian Yoder ([Brian.Yoder@nasa.gov](mailto:Brian.Yoder@nasa.gov)). If you have questions about your rights as a research participant, you contact Teresa Doksum, the Abt Institutional Review Board Administrator at (877) 520-6835.

1. Did you implement any NASA Summer of Innovation Sol activities during [FORM MONTH]?

- Yes
- No [EXIT FROM SURVEY - THANK YOU & SUBMIT BUTTON TO APPEAR]

Experiment of the Month

2. Did you implement the *Experiment of the Month* for [FORM MONTH] that the Sol program provided?

- Yes
- No [SKIP TO QUESTION 7]

3. For how many class hours were students engaged in the *Experiment of the Month* for [FORM MONTH]? \_\_\_\_\_

4. How many students participated in the *Experiment of the Month* for [FORM MONTH]? \_\_\_\_\_

5. Did any of the students who participated in the *Experiment of the Month* for [FORM MONTH] also participate in the NASA Sol summer activities?

- Yes.
- No. [SKIP TO QUESTION 7]
- I don't know. [SKIP TO QUESTION 7]

6. How many of the students participated in both the NASA Sol summer activities and the *Experiment of the Month* for [FORM MONTH]? \_\_\_\_\_

**Next**

**If any questions left unanswered prompt with:** WARNING: One or more questions remain unanswered. Complete questions as desired and click "NEXT" to continue.

Science Launch Kits

7. Did you use the *Science Launch Kits* that the Sol program provided you last summer?

- Yes
- No [\[SKIP TO QUESTION 12\]](#)

8. For how many class hours were the *Science Launch Kits* used? \_\_\_\_\_

9. How many students participated in the *Science Launch Kits* activities? \_\_\_\_\_

10. Did any of the students who participated in the *Science Launch Kits* activities also participate in the NASA Sol summer activities?

- Yes.
- No. [\[SKIP TO QUESTION 12\]](#)
- I don't know. [\[SKIP TO QUESTION 12\]](#)

11. How many of the students participated in both the NASA Sol summer activities and the *Science Launch Kits* activities? \_\_\_\_\_

**Next**

**If any questions left unanswered prompt with:** WARNING: One or more questions remain unanswered. Complete questions as desired and click "NEXT" to continue.

Other NASA Resources

12. Besides *Experiment of the Month* for [FORM MONTH] and any *Science Launch Kits* activities, did you use any NASA resources, curriculum or materials in your classroom during [FORM MONTH]?

- Yes
- No [EXIT FROM SURVEY - SUBMIT BUTTON TO APPEAR]

13. Please briefly describe the NASA resources, curriculum or materials that you used: \_\_\_\_\_

14. For how many class hours did you use the additional NASA resources, curriculum or materials? \_\_\_\_\_

15. How many students participated in the activities where the additional NASA resources, curriculum or materials were used? \_\_\_\_\_

16. Did any of the students who participated in the activities where the additional NASA resources, curriculum or materials were used also participate in the NASA Sol summer activities?

- Yes.
- No. [EXIT FROM SURVEY - SUBMIT BUTTON TO APPEAR]
- I don't know. [EXIT FROM SURVEY - SUBMIT BUTTON TO APPEAR]

17. How many of the students participated in both the NASA Sol summer activities and the activities where the additional NASA resources, curriculum or materials were used? \_\_\_\_\_

Thank you for completing this survey.

**SUBMIT**

**If any questions left unanswered prompt with:** WARNING: One or more questions remain unanswered. Complete questions as desired and click "SUBMIT" to finish.