

Site: \_\_\_\_\_  
Date: \_\_\_\_\_

OMB Control # 0584-0524  
04/30/2013

**OMB BURDEN STATEMENT:** 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 0584-0524. The time to complete this information collection is estimated as part of the 10 minutes for the screener, including the time for reviewing instructions and completing the information.

***Teacher Agreement on Security of Comments Form***

I, \_\_\_\_\_, agree to keep all information shown and discussed  
[print name]  
during the focus group in which I am participating in the strictest confidence.

I agree not to discuss, publish, or otherwise divulge any information I am exposed to, in whole or in part, in any manner or form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Your comments will be kept secure and only used for research purposes, except as otherwise required by law. Your name will not be divulged in any reports of this focus group.