

APPENDIX A
PRINCIPAL AND TEACHER CONTACT FORM

TEACHER AND PRINCIPAL CONTACT INFORMATION

The Evaluation of the Teacher Incentive Fund (TIF) will be conducting teacher and principal surveys in spring 2012, 2013, 2014, and 2015 to collect information on your educational background, career history, and experience with your school's use of performance-based compensation. As an educator at one of the schools in the study sample, we are requesting your contact information in case we have follow-up questions and you are no longer at your current school.

Providing this information is voluntary and we will only use it to help us contact you to complete the survey if you leave your current school.

Please PRINT your name, home address, telephone number(s) and email address(es).

Your Full Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home email address: _____ Work email address: _____

Home phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

Cell phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

Work phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

What are the names and addresses of TWO other people who would know where to get in touch with you?

Please do not list any person who lives with you.

(1) First Person

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

Cell phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

(2) Second Person

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

Cell phone #: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

Thank you for completing this form. Please mail it to Mathematica in the envelope provided.

Notice of Confidentiality

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. Additionally, no one at your school or in your district will see your responses. While your participation in this study is voluntary, it is very important that you complete the questionnaire.

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 **xxx-xxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, 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.