

## **Appendix A**

### Approved Teacher Consent and Demographic Form

## INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

### **Introduction**

This project is intended to evaluate a mathematics professional development program (PD) for grade 4 teachers called Developing Mathematical Ideas (DMI). The research study will examine outcomes for both teachers and the students.

There is currently little scientific evidence that math professional development provided to teachers actually helps to improve student achievement. This study hopes to fill in this important gap in our scientific knowledge of an important and wide-spread educational practice.

This study is a randomized controlled trial, where schools will be randomly (like the flip of a coin) assigned to receive DMI *or* to receive math PD as typically provided in the district. This type of experiment provides the strongest evidence of whether PD delivered to teachers may have an impact on student achievement. You cannot choose which education type your study school will receive.

### **Study Funding and Personnel**

This study is funded by the Regional Educational Laboratory Southeast at Florida State University through a grant from the U.S. Department of Education and will be conducted by the employees and sub-contractors of REL Southeast.

### **Study Length and Participants**

Fourth grade teachers in 84 schools in 4-5 districts in South Carolina and in 4-5 districts in Georgia will participate in the study which will last about 1 year.

### **Confidentiality**

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Responses to this data collection will be used only for statistical purposes. The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district, school, or individual. We will not provide information that identifies you, your district or your school to anyone outside the study team, except as required by law.

Total confidentiality cannot be guaranteed. No information that identifies any study participant will be released. Information from participating institutions and respondents will be presented at aggregate levels in reports. Information on respondents will be linked to their institution but not to any individually identifiable information. No individually identifiable information will be maintained by the study team after approval of the final report. If the study results are presented at meetings or printed in publications, your name will not be used.

Staff working on the project have signed confidentiality pledges and been screened for data security through the U.S. Department of Education e-qip system. Only persons conducting this study and maintaining and monitoring its records will have access to the records collected that contain individually identifying information.

The Institutional Review Board (IRB), IntegReview, and accrediting agencies may inspect and copy your records, which may have your name on them. Therefore, total confidentiality cannot be guaranteed.

### **Benefits**

If you choose to participate in this study and your school is placed in the experimental condition, you will be exposed to the DMI professional development, which may improve your knowledge of teaching math and your ability to teach mathematics. Your participation in the study will assist in evaluating the effectiveness of the DMI professional development program. Information learned from this study may assist in the improved design of instruction for future mathematics professional development.

### **Alternatives to Participating in the Study**

Since this study is for research only, the only other choice would be not to be in the study.

### **Costs**

There will be no added costs for the curriculum and education and no additional costs for participation in this study.

### **Volunteering to Participate in this Study**

Participation of teachers in the study is voluntary and not a condition of employment. You do not have to participate in this study, and you can change your mind at any time. There will not be any penalty or loss of benefits to you if you decide not to participate in this study or to leave this study. If you leave the study early, you will be paid for each form/activity completed at the time of your withdrawal. If you want to stop participating in the study, tell the study staff and they will terminate your participation in the study. If you leave the study, no more information about you will be collected for this study. However, all of the information you gave us before you left the study will still be used for research purposes only. The information we collect, including student scores on the math test, will not be used to evaluate your performance.

### **Random Assignment and Time Commitment**

This is a random assignment study, the gold standard of research designs. However this design is vulnerable to potential bias in the findings if participants know ahead of time what experimental condition they are in. This is because people may make different decisions about their participation based on their knowledge of which group they were assigned to, violating the intent that group membership be random and not determined by other factors.

Therefore we are asking that you commit to participation in the study before you know the experimental condition your school will be assigned to. **This is critical for the scientific validity of the results.** The table below lays out the possible time commitment you will be agreeing to in advance, with the actual amount to be determined later by random assignment of your school.

Ultimately each school participating from your district will be paired with a similar school in the district. Each school in the pair will have a 50% chance of being assigned to receive DMI or the control condition. It is important that you completely understand the time commitments for both conditions in this study before agreeing to participate. You are committing to participate in whichever condition your school is assigned to.

Time commitments for each condition in the study.			
Participation Activities	Time Commitment	Condition	
		DMI	Control
Consent & Demographic Form	12 minutes	.2 hours	.2 hours
Fractions Measure, Pre- & Post-Test	2 X 2 hours proctored on-site (+ transit time)	4 hours	4 hours
DMI – Sessions	24 hours	24 hours	
DMI – Assignments	8 hours	8 hours	
Monthly PD Survey	9 X 12 minutes online	1.8 hours	1.8 hours
Allowing student group to take post-test	45 minutes during class time	.75 hours	.75 hours
TOTAL Estimated participation time		≈ 31 hours	≈ 7 hours

**Legal Rights**

You will not lose any of your legal rights by signing this consent form.

**Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 12 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Confidentiality is not guaranteed. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1850-xxxx.

**Consent for Participation**

I, \_\_\_\_\_, a 4<sup>th</sup> grade teacher at

\_\_\_\_\_ hereby agree to participate in the Fractions PD study, conducted by the Regional Educational Laboratory Southeast at Florida State University, and its subcontractor Instructional Research Group.

**Remuneration:**

I understand I will be paid \$150.00 for completing the forms in the table on the previous page. This represents a typical rate paid in the state for time outside of the regular teacher contract with the district. Regardless of how much time is actually spent completing these forms, I acknowledge that these estimates were made in good faith by the research team and represent the remuneration I will be paid for completing these forms, *if I complete all forms as scheduled*. If I leave the study early, I will be paid for each form completed at the time of my withdrawal.

I understand that if my school is randomly assigned to participate in the PD condition, I will attend 24 hours of professional development and will be required to complete related assignments in preparation for each PD session. The PD facilitators and school and district personnel will work out the final schedule to fit within existing school and district calendars. If PD sessions take place outside of the school day, I will be compensated my typical hourly rate (varies by state and district and often by seniority) for the time I spend attending the session, completing the preparation assignment, and traveling to the PD site.

**I further understand that my participation will continue only as long as it is mutually agreeable and that I can end my participation at any time.** Final remuneration would be based on the activities completed. I agree that study staff may contact me to follow-up on activities and for scheduling purposes.

I was offered a copy of this consent form for my records. If I have further questions about this study or my rights, I can contact the study manager, Christopher Tran at 714-826-9600 or [ctran@inresg.org](mailto:ctran@inresg.org).

If I do not want to talk to the investigators or study staff, if I have concerns or complaints about the research, or to ask questions about my rights as a study subject I may contact IntegReview. IntegReview’s policy indicates that all concerns/complaints are to be submitted in writing for review at a convened IRB meeting to:

<b>Mailing Address:</b>	<b>OR</b>	<b>Email Address:</b>
Chairperson IntegReview 3001 S. Lamar Blvd., Suite 210 Austin, Texas 78704		<a href="mailto:integreview@integreview.com">integreview@integreview.com</a>

If I am unable to provide my concerns/complaints in writing or if this is an emergency situation regarding subject safety, contact their office at:

512-326-3001 or  
toll free at 1-877-562-1589  
between 8 a.m. and 5 p.m. Central Time



## Teacher Demographic Questionnaire

This demographic questionnaire is to be completed at the same time as the consent form.

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Responses to this data collection will be used only for statistical purposes. The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district, school, or individual. We will not provide information that identifies you, your district or your school to anyone outside the study team, except as required by law.

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Gender** (Circle One):

Male    Female

**Degrees** (please list all completed, specifying major):

BA: \_\_\_\_\_

MA: \_\_\_\_\_

Post-MA: \_\_\_\_\_

Other: \_\_\_\_\_

**Years of In-service Teaching** (please enter whole years, rounded up):

Total Years of Classroom Teaching Experience \_\_\_\_

Total Years of 4<sup>th</sup> grade Classroom Teaching Experience \_\_\_\_

Total Years Teaching in Current School \_\_\_\_

Total Years Teaching Math in Middle/High School (Grades 6-12) \_\_\_\_

**Certifications** (please check all that apply):

- Elementary \_\_\_\_\_
- Middle School \_\_\_\_\_
- Mathematics \_\_\_\_\_
- Math Specialist \_\_\_\_\_
- Reading Specialist \_\_\_\_\_
- Bilingual Education \_\_\_\_\_
- Special Education \_\_\_\_\_
- Speech/Language Specialist \_\_\_\_\_
- Alternative Certification \_\_\_\_\_
- Administrative \_\_\_\_\_
- Other: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM!**

**Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 12 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Confidentiality is not guaranteed. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1850-xxxx.