

Contract Number: ED-PEP-11-O-0088/TO28

# **Task Order 28**

## **Implementation Study of the Turnaround School Leaders Program**

### **OMB Package**

#### **Consent Forms**

### **Appendix M. Focus Group Consent Form**

**August 23, 2016**

**Prepared for:**

U.S. Department of Education  
Office of Planning, Evaluation and Policy Development  
Policy and Program Studies Service

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## Implementation Study of the Turnaround School Leaders Program

### Focus Group Participant Consent Agreement

The U.S. Department of Education Policy and Program Studies Service has contracted with Westat, a research company in Rockville, MD, and its partner, Policy Studies Associates in Washington, DC, to conduct an implementation study of the Turnaround School Leaders Program. Your district has agreed to participate in this study. As part of this study, we would like you to participate in this focus group. Focus groups with turnaround leaders and aspiring turnaround leaders are an important component of this study. It should take no more than one hour.

Your participation in this study is voluntary; you may withdraw from the study at any time and you are under no obligation to answer any focus group question. Responses to this data collection will be used only for research purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies you to anyone outside the study team, except as required by law.

If you have any questions or concerns about the project, please contact Dan Aladjem, Study Director, at (202) 939-5331 weekdays between 8 AM and 5 PM, Eastern Time (ET). He can be reached by email at [daladjem@policystudies.com](mailto:daladjem@policystudies.com). The project director, Allison Henderson, may also be contacted regarding the study at (301) 251-4291 or at [allisonhenderson@westat.com](mailto:allisonhenderson@westat.com).

To help focus group facilitators verify their notes, we would appreciate your permission to audio-record this focus group. To ensure confidentiality, we ask that focus group participants do not discuss the specific comments made by others outside of the focus group session.

- I agree to participate in this focus group ☐ Yes ☐ No
- I consent to an audio-recording of the session ☐ Yes ☐ No

Printed Name \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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