

APPENDIX A

TEACHER PARTICIPATION FORMS

This page has been left blank for double-sided copying.

Impact Study of Feedback for Teachers Based on Classroom Videos

Sponsored by the U.S. Department of Education
Conducted by Mathematica Policy Research and its Study Partners

Your district is participating in a U.S. Department of Education study that will provide individualized feedback and coaching to support new teachers. Selected teachers will be assigned a coach who reviews video recordings of their classroom and provides actionable steps that teachers can take to improve their instruction. We are inviting you to participate in this opportunity that is available to fourth and fifth grade teachers who are entering their first year of teaching in 2017-2018.

The program. Eligible teachers **will receive individualized feedback and coaching** 10 times throughout the school year. The feedback will focus on skills that new teachers often struggle to master in their first year, such as classroom management, engaging students in classroom instruction, and providing feedback to extend students' learning. A coaching cycle will involve the following steps:

1. The study team will video record the teacher's classroom. The study team will work with teachers to schedule video recordings at convenient times.
2. The coach will review the video and provide written feedback to the teacher.
3. The teacher will review the video of their teaching and the coach's feedback.
4. The coach will hold a one-on-one discussion with the teacher to review the feedback and provide suggestions for improving their teaching practices.

Study design. To learn how this feedback and coaching affects teacher practices and student achievement, the study team will assign each participating teacher, by lottery, to one of two groups:

1. **The feedback and coaching group** will receive *written feedback plus one-on-one discussions with a coach* (via video or phone) based on video recordings of their classrooms 10 times during the 2017–2018 school year.
2. **The comparison group** will not receive feedback or coaching through the study.

Teachers in both groups will continue to participate in the district's usual supports for new teachers and professional development activities for the 2017–2018 school year.

The study team will examine the effect on teachers' practices (based on video recordings of classrooms) and student achievement (based on students' scores on spring state assessments) of providing feedback using multiple videos of their classroom practices as described above.

Study activities. Teachers participating in the study will be asked to:

- **Attend a one-day orientation session in summer 2017.** During the orientation session, teachers in the feedback and coaching group will learn about the individualized feedback and coaching they will receive. All participating teachers will take two assessments (the Praxis Principles of Learning and Teaching (PLT) and Haberman Star Teacher Pre-screener) and be briefed about classroom video recordings and data collection activities. Teachers who have already taken the PLT can give us permission to obtain their scores and may not need to take the PLT in summer 2017.
- **Allow the study team to video record their classrooms.** The study team will video record the classrooms of teachers in both study groups at the beginning and end of the school year. Teachers in the feedback and coaching group will also have their classrooms video recorded during the school year (these are the videos used by coaches to provide feedback). Teachers in the feedback and coaching group will be video recorded a total of 15 times, and teachers in the comparison group will be video recorded 6 times.

- **Participate in the feedback and coaching activities if assigned to the feedback and coaching group.** If assigned to the feedback and coaching group, teachers agree to participate in the feedback and coaching activities described above.
- **Complete survey and assessment in spring 2018.** Teachers in both study groups will complete an online survey and follow-up Praxis Principles of Learning and Teaching assessment in spring 2018.

We want you to know the following:

- **Participation in the study is voluntary and will not affect any staffing decisions or professional development** activities provided by the school district
- **All information collected by the study will be confidential and collected for research purposes only.** Specifically,
 - Coaches will be provided by a coaching provider that has been selected through a national competition. They will not be district employees.
 - Only the study coaches and members of the study team will be allowed to view the written feedback and videos of your classroom. The videos will not be shared with others in your district.
 - The study will not release information identifying any school, classroom, teacher, or student, except as required by law.
- **Teachers will be compensated for their time spent on study data collection activities.** Teachers will be compensated for completing the 30-minute Haberman Star assessment (\$30), the Praxis assessment (\$100 for each completed two-hour assessment), and the 30-minute spring survey (\$30).
- **Participation in the study will not impose any risks to you as a respondent.** If you have any questions about your rights as a research volunteer, contact the New England IRB, toll free 1-800-232-9570.

To learn more about the study and participate. Please contact [RECRUITER NAME] from the study team if you would like to participate, by phone at [RECRUITER PHONE] or by email at [RECRUITER EMAIL]. You can find additional information about the study at [WEBSITE] and you can contact [RECRUITER NAME] with any questions you have about this important study.

Please complete the following 15-minute XX-page form to provide the study team with some important information to confirm your eligibility and agreement to participate. Once complete, please return the form to your [DISTRICT LIAISON/STUDY TEAM MEMBER] [INSERT DISTRICT LIAISON/STUDY TEAM MEMBER AND CONTACT INFORMATION].

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. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

OMB Control No.: XXXX-XXXX
Expiration Date: XX/XX/XXXX

**Impact Study of Feedback for Teachers
Based on Classroom Videos**
Conducted on behalf of the United States Department of Education

TEACHER PARTICIPATION FORM

2017-2018

TEACHER FIRST NAME

TEACHER LAST NAME

DISTRICT NAME

SCHOOL NAME

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
HOME OR CELL PHONE NUMBER

PERSONAL EMAIL ADDRESS

DISTRICT EMAIL ADDRESS

1. Please indicate the grade level(s) that you are likely to teach in the 2017–2018 school year.

MARK ALL THAT APPLY

- 1 Pre-kindergarten or Kindergarten
- 2 1st grade
- 3 2nd grade
- 4 3rd grade
- 5 4th grade
- 6 5th grade
- 7 6th grade
- 8 7th grade
- 9 8th grade
- 10 9th - 12th grade
- 11 Ungraded
- d Don't know

2. **In the 2017-2018 school year, are you likely to teach one self-contained class (where you teach the same group of students most or all of the day in multiple subjects) or will you teach several classes of different students in one or more academic subjects?**

MARK ONE ONLY

- 1 I expect to teach one self-contained class
2 I expect to teach several classes of different students
d Don't know

3. **Please indicate the types of classes you are likely to teach in the 2017-2018 school year.**

MARK ALL THAT APPLY

- 1 General education
2 Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students
3 English as a Second Language (ESL)
4 Bilingual classes (taught partly in English and partly in Spanish or some other language)
5 Special education
d Don't know

4. **How many years have you worked as a classroom teacher *prior to the 2017–2018 school year*? (Please do not include time spent working as a teaching assistant, substitute teacher, student teacher, or paraprofessional, or working in classrooms in any position other than classroom teacher.)**

Please enter 0 if the 2017-2018 school year will be your first year teaching in any district.

____|____| YEARS

- d Don't know

Please note: Answers to the following questions will have no effect on your eligibility for the study or your selection to receive the coaching and feedback.

5. Which of the following statements best describes how you became a teacher?

MARK ONE ONLY

- 1 The “traditional” route to teacher certification (candidates complete training for initial certification and earn a bachelor’s or master’s degree before they become a full-time teacher).

Please enter the name and location of the college or university where you completed this program:

_____ COLLEGE OR UNIVERSITY NAME

_____ CITY AND STATE OF COLLEGE OR UNIVERSITY

- 2 An “alternative” route to teacher certification (candidates with a bachelor’s degree become full-time teachers before completing all training and requirements for initial certification, such as Teach for America or a teacher residency program)

Please enter the name of this program:

6. During your teacher preparation program, did you have a practice teaching experience, for example, a student teaching experience?

A practice teaching experience is school-based and may be supervised by a classroom teacher and/or a program supervisor. It is generally a requirement of pre-service teachers who have completed the education coursework leading to a degree and are seeking certification or licensure to teach in a public school. In teacher residency/internship programs, the residency year counts as student teaching.

- 1 Yes
0 No → **GO TO QUESTION 9**

7. How many total weeks did you spend in a classroom during your practice teaching experience?

If you did not spend any time in a classroom during your practice teaching experience, enter “0”.

|_|_|_| TOTAL WEEKS IN A CLASSROOM

For how many of those weeks in the classroom did you have full responsibility for the classroom?

|_|_|_| WEEKS WITH FULL RESPONSIBILITY FOR THE CLASSROOM

8. Was your practice teaching experience in the same district where you currently teach?

1 Yes

0 No

9. During your teacher preparation program, did you ever receive feedback based on observations of your classroom teaching?

1 Yes

0 No → GO TO QUESTION 13

10. What methods were used to observe your classroom teaching during your teacher preparation program?

MARK ONE ONLY

1 Observed in-person only

2 Video recorded only

3 Both observed in-person and video recorded

11. How was feedback on your classroom teaching provided to you during your teacher preparation program?

MARK ALL THAT APPLY

1 Oral feedback during a follow-up meeting or discussion after the observation

2 Formal written feedback

3 Other (*specify*) _____

12. Which of these items are true about the feedback you received on your classroom teaching during your teacher preparation program?

The feedback I received from observations of my teaching. . .	MARK ONE ONLY				
	NEVER	RARELY	SOMETIMES	MOST OF THE TIME	ALWAYS
a. Examined my performance on a clearly defined set of teaching practices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Provided a score or rating of my performance based on a classroom observation rubric or instrument.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Provided specific techniques or strategies that I could implement in my classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Referred to specific moments of teaching from my classroom observation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Provided questions that encouraged me to reflect on my own teaching.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Identified aspects of my teaching where I was performing well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Identified aspects of my teaching where I needed to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Included a plan with next steps for me to improve my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Involved watching a video of my instruction while discussing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Provided or recommended videos of expert teachers to illustrate practices described in the feedback (i.e., a successful veteran or exemplary teacher)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Provided opportunities for me to observe a demonstration of specific teaching techniques or strategies by the person providing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Provided an opportunity for me to demonstrate specific teaching techniques or strategies for the person providing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Provided useful or actionable feedback.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

13. **How prepared do you feel to handle a range of classroom behavior or discipline situations?**

MARK ONE ONLY

- 1 Not at all prepared
- 2 Somewhat prepared
- 3 Well prepared
- 4 Very well prepared

14. **How confident are you in your ability to teach math?**

MARK ONE ONLY

- 1 Not at all confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

15. **How confident are you in your ability to teach English Language Arts/reading?**

MARK ONE ONLY

- 1 Not at all confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

16. **Did you take the edTPA performance assessment?**

- 1 Yes |__|__| TOTAL edTPA SCORE (OUT OF 75)
- 0 No

17. **Have you taken the Praxis Principles of Learning and Teaching (PLT) test? If yes, you will not need to take the PLT in summer 2017 if the study can obtain your scores from the test administrator (ETS). To obtain your scores, you will need to provide your name, date of birth, and state in which you took the test.**

- 1 Yes, I have already taken the Praxis PLT and would like you to obtain my score from the test administrator, ETS.

YOUR NAME AT THE TIME OF THE TEST, IF DIFFERENT FROM ABOVE (I.E., MAIDEN NAME)

Date of Birth: |__|__| / |__|__| / |__|__|__|__|
 Month Day Year

STATE IN WHICH YOU TOOK THE TEST

- 0 No, I have not taken the Praxis PLT

Please sign below to indicate your interest in the study. Members of the study team will be available for the duration of the study to address any questions or concerns as they arise.

I understand the scope of this study and my participation in it. I commit to participate in the study data collection activities described above. If I am selected for the feedback and coaching group, I commit to participate fully in the activities described above.

TEACHER NAME (PLEASE PRINT)

TEACHER SIGNATURE

DATE

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. The valid OMB control number for this information collection is **xxxxxxx**. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

This page has been left blank for double-sided copying.

Impact Study of Feedback for Teachers Based on Classroom Videos

Sponsored by the U.S. Department of Education
Conducted by Mathematica Policy Research and its Study Partners

Your district is participating in a U.S. Department of Education study that will provide individualized feedback and coaching to support new teachers. Selected teachers will be assigned a coach who reviews video recordings of their classroom and provides actionable steps that teachers can take to improve their instruction. We are inviting you to participate in this opportunity that is available to fourth and fifth grade teachers who will be entering their second, third, or fourth year of teaching in fall 2018.

The program. Eligible teachers **will receive individualized feedback and coaching** 5 or 10 times throughout the school year. The feedback will focus on skills that teachers often struggle to master in their first few years, such as classroom management, engaging students in classroom instruction, and providing feedback to extend students' learning. A coaching cycle will involve the following steps:

3. The study team will video record the teacher's classroom. The study team will work with teachers to schedule video recordings at convenient times.
4. The coach will review the video and provide written feedback to the teacher.
5. The teacher will review the video of their teaching and the coach's feedback.
6. The coach will hold a one-on-one discussion with the teacher to review the feedback and provide suggestions for improving their teaching practices.

Study design. To learn how this feedback and coaching affects teacher practices and student achievement, the study team will assign each participating teacher, by lottery, to one of three groups:

7. **The first feedback and coaching group** will receive *written feedback plus one-on-one discussions with a coach* (via video or phone) based on video recordings of their classrooms *10 times* during the 2018–2019 school year.
8. **The second feedback and coaching group** will receive *written feedback plus one-on-one discussions with a coach* (in person or via video or phone) based on video recordings of their classrooms *5 times* during the 2018–2019 school year.
9. **The comparison group** will not receive the feedback or coaching through the study.

Teachers in both groups will continue to participate in the district's usual supports and professional development activities for the 2018–2019 school year.

The study team will examine the effect on teachers' practices (based on video recordings of classrooms) and student achievement (based on students' scores on spring state assessments) of providing feedback using multiple videos of their classroom practices as described for groups 1 and 2 above.

Study activities. Teachers who participate in the study will be asked to:

- **Attend a one-day orientation session in summer 2018.** During the orientation session, teachers in the feedback and coaching groups will learn about the individualized feedback and coaching they will receive. All participating teachers will be briefed about classroom video recordings and data collection activities.
- **Allow the study team to video record their classrooms.** The study team will video record the classrooms of teachers in all three study groups at the beginning and end of the school year. Teachers in the feedback and coaching groups will also have their classrooms video recorded during the school year (these are the videos used by coaches to provide feedback). Teachers in the first feedback and coaching group will be video recorded 15 times, teachers in the second feedback and coaching group will be video recorded 10 times, and teachers in the comparison group will be video recorded 6 times.

- **Participate in the feedback and coaching activities if assigned to one of the feedback and coaching groups.** If assigned to one of the feedback and coaching groups, teachers agree to participate in the feedback and coaching activities described above.
- **Complete survey in spring 2019.** Teachers in all three study groups will complete an online survey in spring 2019.

We want you to know the following:

- **Participation in the study is voluntary and will not affect any staffing decisions or professional development** activities provided by the school district.
- **All information collected by the study will be confidential and collected for research purposes only.** Specifically,
 - Coaches will be provided by a coaching provider that has been selected through a national competition. They will not be district employees.
 - Only the study coaches and members of the study team will be allowed to view the written feedback and videos of your classroom. The videos will not be shared with others in your district.
 - The study will not release information identifying any school, classroom, teacher, or student, except as required by law.
- **Teachers will be compensated for their time spent on study data collection activities.** Teachers will be compensated for completing the 30-minute spring survey (\$30).
- **Participation in the study will not impose any risks to you as a respondent.** If you have any questions about your rights as a research volunteer, contact New England IRB, toll free 1-800-232-9570

To learn more about the study and participate. Please contact [RECRUITER NAME] from the study team if you would like to participate, by phone at [RECRUITER PHONE] or by email at [RECRUITER EMAIL]. You can find additional information about the study at [WEBSITE] and you can contact [RECRUITER NAME] with any questions you have about this important study.

Please complete the following 15 minute XX-page form to provide the study team with some important information to confirm your eligibility and agreement to participate. Once complete, please return the form to your [DISTRICT LIAISON/STUDY TEAM MEMBER] at [INSERT DISTRICT LIAISON/STUDY TEAM MEMBER AND CONTACT INFORMATION].

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. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

OMB Control No.: XXXX-XXXX
Expiration Date: XX/XX/XXXX

**Impact Study of Feedback for Teachers
Based on Classroom Videos**
Conducted on behalf of the United States Department of Education

TEACHER PARTICIPATION FORM

2018-2019

TEACHER FIRST NAME

TEACHER LAST NAME

DISTRICT NAME

SCHOOL NAME

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
HOME OR CELL PHONE NUMBER

PERSONAL EMAIL ADDRESS

DISTRICT EMAIL ADDRESS

1. Please indicate the grade level(s) that you are likely to teach in the 2018–2019 school year.

MARK ALL THAT APPLY

- 1 Pre-kindergarten or Kindergarten
- 2 1st grade
- 3 2nd grade
- 4 3rd grade
- 5 4th grade
- 6 5th grade
- 7 6th grade
- 8 7th grade
- 9 8th grade
- 10 9th - 12th grade
- 11 Ungraded
- d Don't know

2. In the 2018-2019 school year, are you likely to teach one self-contained class (where you teach the same group of students most or all of the day in multiple subjects) or will you teach several classes of different students in one or more academic subjects?

MARK ONE ONLY

- 1 I teach one self-contained class
2 I teach several classes of different students
d Don't know

3. Please indicate the types of classes you are likely to teach in the 2018-2019 school year.

MARK ALL THAT APPLY

- 1 General education
2 Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students
3 English as a Second Language (ESL)
4 Bilingual classes (taught partly in English and partly in Spanish or some other language)
5 Special education
d Don't know

4. How many years have you worked as a classroom teacher *prior to the 2018–2019 school year*? (Please do not include time spent working as a teaching assistant, substitute teacher, student teacher, or paraprofessional, or working in classrooms in any position other than classroom teacher.)

Please enter 0 if the 2018-2019 school year will be your first year teaching in any district.

____|____| YEARS

- d Don't know

Please note: Answers to the following questions will have no effect on your eligibility for the study or your selection to receive the coaching and feedback.

5. Which of the following statements best describes how you became a teacher?

MARK ONE ONLY

- 1 The “traditional” route to teacher certification (candidates complete training for initial certification and earn a bachelor’s or master’s degree before they become a full-time teacher).

Please enter the name and location of the college or university where you completed this program:

COLLEGE OR UNIVERSITY NAME

CITY AND STATE OF COLLEGE OR UNIVERSITY

- 2 An “alternative” route to teacher certification (candidates with a bachelor’s degree become full-time teachers before completing all training and requirements for initial certification, such as Teach for America or a teacher residency program)

Please enter the name of this program:

6. During the 2017-2018 school year (or most recent year of teaching), did you ever receive feedback based on observations of your classroom teaching?

- 1 Yes
0 No → GO TO QUESTION 10

7. What methods were used to observe your classroom teaching during the 2017-2018 school year (or most recent year of teaching)?

MARK ONE ONLY

- 1 Observed in-person only
2 Video recorded only
3 Both observed in-person and video recorded

8. How was feedback on your classroom teaching provided to you during the 2017-2018 school year (or most recent year of teaching)?

MARK ALL THAT APPLY

- 1 Oral feedback during a follow-up meeting or discussion after the observation
2 Formal written feedback
3 Other (*specify*) _____

9. Which of these items are true about the feedback you received on your classroom teaching during the 2017-2018 school year (or most recent year of teaching)?

The feedback I received from observations of my teaching. . .	MARK ONE ONLY				
	NEVER	RARELY	SOMETIMES	MOST OF THE TIME	ALWAYS
a. Examined my performance on a clearly defined set of teaching practices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Provided a score or rating of my performance based on a classroom observation rubric or instrument.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Provided specific techniques or strategies that I could implement in my classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Referred to specific moments of teaching from my classroom observation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Provided questions that encouraged me to reflect on my own teaching.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Identified aspects of my teaching where I was performing well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Identified aspects of my teaching where I needed to improve.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Included a plan with next steps for me to improve my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Involved watching a video of my instruction while discussing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Provided or recommended videos of expert teachers to illustrate practices described in the feedback (i.e., a successful veteran or exemplary teacher)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Provided opportunities for me to observe a demonstration of specific teaching techniques or strategies by the person providing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Provided an opportunity for me to demonstrate specific teaching techniques or strategies for the person providing feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Provided useful or actionable feedback.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

10. How prepared do you feel to handle a range of classroom behavior or discipline situations?

MARK ONE ONLY

- 1 Not at all prepared
- 2 Somewhat prepared
- 3 Well prepared
- 4 Very well prepared

11. How confident are you in your ability to teach math?

MARK ONE ONLY

- 1 Not at all confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

12. How confident are you in your ability to teach English Language Arts/reading?

MARK ONE ONLY

- 1 Not at all confident
- 2 Somewhat confident
- 3 Confident
- 4 Very confident

13. Did you take the edTPA performance assessment?

- 1 Yes TOTAL edTPA SCORE (OUT OF 75)
- 0 No

Please sign below to indicate your interest in the study. Members of the study team will be available for the duration of the study to address any questions or concerns as they arise.

I understand the scope of this study and my participation in it. I commit to participate in the study data collection activities described above. If I am selected for the feedback and coaching group, I commit to participate fully in the activities described above.

TEACHER NAME (PLEASE PRINT)

TEACHER SIGNATURE

DATE

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. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

This page has been left blank for double-sided copying.