

APPENDIX D

LETTER REQUESTING CLASS SCHEDULES AND STUDENT ROSTERS

Request for active consent districts
(student assent not required)

[Month], 2019]

Dear [TEACHER FIRST NAME] [TEACHER LAST NAME]:

Thank you for taking part in the Impact Evaluation of Departmentalized Instruction in Elementary Schools, sponsored by the United States Department of Education and conducted by Mathematica Policy Research. As you may know, [School District] is participating in this study and your school is one of [XX] schools selected to participate during the 2018-2019 school year. The study will examine differences between elementary schools that organize classroom instruction into self-contained classrooms (where one teacher instructs all core subjects) and those that are departmentalized (where different teachers teach math and English/language arts). The study will focus on fourth and fifth grade math and English/language arts classes.

As a fourth grade teacher, you will be asked to participate in a few data collection activities during the school year, including video recorded classroom observations of one or more of your classes in spring 2019.

In preparation for the video observations, we will first obtain parent permission for students to be included in the recording. **A member of our local data collection team will visit your school in a few weeks to:**

Obtain your daily/weekly schedule of classes. We can work from an original or copy of an accurate schedule of classes you teach. If your schedule changes during the week, we will work with your weekly schedule.

Obtain student rosters. Working from your daily schedule of classes, we will identify classes that will be recorded. For each of those classes, we will ask for a student roster or any full list of students (first and last names and grade) enrolled in each class. The accuracy of this list will be very important as we will use it to track parent permission forms indicating whether students are allowed to be recorded.

Distribute parent permission forms. During a second visit to the school, after we have finalized the list of classes that will be recorded and the students in those classes, we will work with you to distribute parent permission packets to students and ask them to take the packets home for their parents to review and then to return the packets to you within a week. We will check the following week to collect returned forms and to distribute a second packet to students who have not returned the forms. Teachers will receive \$25 for helping us distribute these forms. Teachers who collect signed forms from 85 percent or more of their students (whether or not parents gave permission to have their child included in recordings) will receive an additional \$25 as a thank you for their efforts.

All information you provide will be kept strictly confidential (per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183) and will not be shared with anyone outside the study team. All forms, student lists, and video recordings will be destroyed at the end of the study.

Mathematica staff will be happy to answer any questions about the study or the information it collects. You can contact us toll-free at [TOLL FREE NUMBER] or email us at [STUDY EMAIL]. If you have questions about your rights as a study participant, please call the **New England Institutional Review Board toll-free at 1-800-232-9570**. Thank you in advance for your help with this important study!

Sincerely,

Sheila Heaviside, Survey Director

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 one hour, including the time to review instructions and gather the data needed. 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.

Request for active consent districts
(student assent required)

[Month], 2019]

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Request for passive consent districts
(student assent not required)

[Month], 2019]

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