

Appendix A

Approved Teacher Consent & Demographic Form

**APPROVED BY
INTEGREVIEW IRB**

JULY 19, 2018

RG RESEARCH GROUP D/B/A

OMB Number: 1850-XXXX

Expiration Date: XX/XX/XXXX

Instructional Research Group

INFORMED CONSENT FORM FOR SCHOOL PERSONNEL

Project Purpose

The purpose of this project is to determine the reliability of two linked math assessments currently being used in your district, the Individual Knowledge Assessment of Number (IKAN) and the Global Strategy Stage (GloSS). These assessments help teachers understand how each student solves math problems. The study will also assess the consequential validity of these assessments by looking at how teachers include these data in making instructional decisions.

Specifically, the key components of the proposed project include:

- a. Testing the same student on two occasions, one week apart with the IKAN and GloSS;
- b. Surveying teachers and school personnel who administer the assessments about the types of information they use to inform instruction; and
- c. Participating in focus groups (if selected) to discuss how the IKAN and GloSS are used in practice.

As part of this project, you will administer the IKAN and GloSS assessments, complete an online survey, and (if selected) participate in a focus group.

Project Funding and Personnel

This study is funded by Regional Educational Laboratory Southeast at Florida State University through a contract with the U.S. Department of Education and will be conducted by the employees and subcontractors of REL Southeast.

Project Length and Participants

Teachers, mathematics coaches, and instructional coaches from two districts in GA will participate during the spring semester (January to June) of 2019. Approximately 30 students per district will be tested as part of the study and will come from Grades 1 and 3 (15 students per grade). We estimate that at least 2–3 teacher participants per designated grade per school will participate.

Confidentiality

Information collected for this project 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 project 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 students, your district, or your school to anyone outside the project team, except as required by law.

No information that identifies any project 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. Individually identifiable information will not be maintained by the project team after approval of the final report. If the

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project results are presented at meetings or printed in publications, your name will not be used. Data, audio recordings, and video recordings will be stored in locked areas or on password-protected computers. Access will be limited to those persons participating in the project. 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.

Risks and Benefits

Your participation in the project will assist in evaluating the reliability of the IKAN and GloSS linked assessments. Information learned from this project may assist in the decision about the continued use of these assessments in your district and across Georgia. There are no expected risks to this project other than the risk of loss of confidentiality.

Alternatives to Participating in the Project

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

Costs

No costs will be incurred by the teachers, paraprofessionals, or interventionists for participating in this project.

Study Contact Information

If you have questions about the research at any time, please contact Samantha Spallone at Instructional Research Group:

sspallone@inresg.org

714-826-9600 daytime telephone number

949-735-8046 after hours number

If you do not want to talk to the investigators or project staff, if you have concerns or complaints about the research, or to ask questions about your rights as a project subject, you 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:

Mailing Address:	OR	Email Address:
Chairperson IntegReview IRB 3815 S. Capital of Texas Highway Suite 320 Austin, Texas 78704		integreview@integreview.com

If you are unable to provide your concerns/complaints in writing or if this is an emergency situation regarding subject safety, you can contact their office at:

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

IntegReview has approved the information in this consent form and has given approval for the investigators to do the project. This does not mean IntegReview has approved you being in the project. You must consider the information in this consent form for yourself and decide if you want to be in this project.

Volunteering to Participate in this Project

Participation of teachers/school personnel in the project is voluntary and is not a condition of employment. You do not have to participate in this project, and you can change your mind at any time. There will be no penalty if you decide not to participate in this project or leave this project. If you want to stop participating in the project, inform the project staff via email and they will terminate your participation in the project.

Commitment

It is important that you completely understand the time commitments for participation in this project before agreeing to participate. As part of the project, you will be asked to complete the following activities:

<i>Participation Activities</i>	<i>Time Commitment</i>
Consent & demographic form	12 minutes
<i>Note: A total of 2 release days from instruction will be granted for participants to attend a two-day professional development training (2 × 6 hours per day = 12 hours total).</i>	
Administer student assessments*	30 minutes (during class time)
Online survey	12 minutes
Focus group (if selected to participate)	90 minutes
TOTAL estimated participation time	2.4 hours

*The research team estimates that each participant will administer 3–6 assessments (i.e., a maximum time commitment of 3 hours). Fidelity of testing administration will be checked for 15% of the administration sessions for the IKAN and GloSS assessments. Observations will occur in person. You may or may not be selected for observation.

Legal Rights

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

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Paperwork Reduction Act (PRA) 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. The valid OMB control number for this information collection is xxxx-xxxx. Public reporting burden for this collection of information is estimated to average 12 minutes per form or survey, 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. If you have comments or concerns regarding the status of your individual submission of this consent/demographic form or the online survey, please contact Instructional Research Group directly at 714-826-9600.

Consent for Participation

I, _____, an elementary school teacher at
 (PRINT First and Last Name)
 _____, hereby agree to participate in the IKAN and GloSS
 (PRINT Name of School)

reliability study conducted by the Southeast Regional Educational Laboratory at Florida State University and its subcontractor, Instructional Research Group, at 4281 Katella Ave., Los Alamitos, CA, 90720.

Payment for Being in the Study

I understand I will be paid \$20.00 for completing the forms listed 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 measures and activities, I acknowledge that these estimates were made in good faith by the research team and represent the remuneration I will be paid for participation, *if I complete all activities as scheduled*. If I leave the study early, I will be paid for each form/activity completed at the time of my withdrawal.

I understand that I will be granted by the district/school up to 2 release days from instruction to participate in 2 6-hour professional development training sessions. If PD sessions take place during the work day and I am released from my teaching responsibilities, the study team will share the cost of a substitute (if needed) with the school or district. If PD sessions take place outside of the school day (i.e., on Saturdays or after school), then I will be compensated the typical hourly rate (varies by state and district and often by seniority) for the time I spend attending the sessions.

If I am selected to participate in a focus group, it is expected to occur outside of the school day (i.e., on a Saturday or after school), and I will be compensated the typical hourly rate (varies by state and district and often by seniority) for the time I spend attending the focus group.

I understand that my responsibilities and participation will include the following:

- Complete the consent & demographic form.
- Assist the research team with sending home parental consent.

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- Participate in a 2-day professional development training.
- Assist the research team with the scheduling of testing.
- Administer student assessments.
- Allow for in-person observations of testing administration (if selected).
- Complete one online survey.
- Participate in a 1.5-hour audio-recorded focus group (if selected).

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. I agree that project staff may contact me to follow-up on activities and for scheduling purposes. I was offered a signed copy of this consent form for my records.

Signature

Date

Contact Information

PRINT **FIRST** **and** **LAST** **Name:**

Classroom #: _____

School: _____ District: _____

School Phone: (_____) _____ - _____ Ext. _____ Cell Phone: (_____) _____ - _____

School Email: _____ @ _____

HOME Address: _____ (Street)

_____ (City, State, ZIP)

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SCHOOL PERSONNEL QUESTIONNAIRE

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

Responses to this data collection will be used only for statistical purposes. The reports prepared for the project 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 project team, except as required by law.

Name: _____ **School:** _____

Gender (Check one): Male Female

Race/Ethnicity (Check all that apply):

- African American/Black
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- White
- Hispanic/Latino

Position (Check all that apply):

- Special Education Teacher
- Elementary Teacher
- Instructional Coach
- Other: _____

Degrees (List all degrees completed, specifying major): AA/AS:

BA/BS: _____

MA/MS: _____

Post-MA/MS: _____

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Years of Experience (Enter whole years, rounded up) – **complete all that apply:**

Position	Total Years of Experience	Total Years in Current School	Total Years Elementary School Math
Teacher			
Special Education Teacher			
Math Interventionist			
Paraprofessional			

Certifications (Check all that apply):

- K-6 Teaching Credential
 K-8 Teaching Credential
 Multiple Subject (K-12)
 Secondary, Single Subject Mathematics
 Special Education Credential
 Special Education Certificate
 Administrative

Regarding the IKAN/GloSS Assessments:

1) I was initially trained in **IKAN/GloSS** administration in the year _____. (Fill in the blank)

2) I use the **GloSS** measure in my classroom with my students (Check one):

_____ YES _____ NO

If YES, proceed to #2. If NO, proceed to #8.

3) I have used **GloSS** for... (Check one):

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5+ years

4) I use **GloSS** with... (Check one):

- All of my students.
 Only those who are at risk/struggling.

5) I administer **GloSS** _____ times during the school year. (Fill in the blank)

6) On average, it takes me _____ minutes to administer **GloSS** to a student. (Fill in the blank)

7) I use the data from the **GloSS** assessment for... (Check all that apply):

- Placement within the Multi-tiered system of support.
 Identifying skills and concepts in which students are weak.
 Modifying whole class instruction.

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_____ Adjusting instruction in interventions.

_____ Other: _____ (Specify)

8) I use the **IKAN** measure in my classroom with my students (Check one):

_____ YES _____ NO

If YES, proceed to #9. If NO, survey is complete.

9) I have used **IKAN** for... (Check one):

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5+ years

10) I use **IKAN** with... (Check one):

_____ All of my students.

_____ Only those who are at risk/struggling.

11) I administer **IKAN** _____ times during the school year. (Fill in the blank)

12) On average, it takes me... (Fill in the blank):

_____ minutes to administer **IKAN** to a group.

_____ minutes to administer **IKAN** one on one.

13) I use the data from the **IKAN** assessment for... (Check all that apply):

_____ Placement within the Multi-tiered system of support.

_____ Identifying skills and concepts in which students are weak.

_____ Modifying whole class instruction.

_____ Adjusting instruction in interventions.

_____ Other: _____ (Specify)

THANK YOU FOR COMPLETING THIS FORM!

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