

APPENDIX G. PLC Facilitator Form – Final Implementation

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OMB Number:
Expiration Date:



Regional Educational Laboratory Mid-Atlantic: Evaluation of A Toolkit to Support Evidence- Based Writing Instruction in Grades 2 Through 4

Professional Learning Community (PLC) Facilitator Form

**To be completed by PLC facilitators after all PLC sessions have been
completed.**

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 20 minutes, including the time to review and complete the facilitator form. 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.

REL Mid-Atlantic is collecting this Professional Learning community (PLC) Facilitator Form, part of the Evaluation of *A Toolkit to Support Evidence-Based Writing Instruction in Grades 2 Through 4*, for the Institute of Education Sciences within the U.S. Department of Education under contract 91990022C0012 with Mathematica. This form collects information about your implementation of the toolkit through PLCs, including the challenges you faced, strategies used to address them, and suggestions for improving the approach to fitting writing-related PLCs and writing instruction itself into the school day and year. If you have any questions about the study or your participation, email us at [study email].

We would like you to know the following:

- This form takes about 20 minutes to complete.
- ***In reporting the study's results, your answers will be completely confidential; no information that identifies you, your school, or your district will be reported.*** Your responses are protected from disclosure per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183. REL Mid-Atlantic will present the information collected as part of this study in an aggregate form and will not associate responses to any of the people who participate. We will not provide information that identifies you, your school, or your district to anyone outside the study team except as required by law. Your responses will be used only for statistical purposes. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a class E felony.
- This form is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer or opt out of the entire form without any consequence. However, we hope that you answer as many questions as you can. Your answers to questions will not affect your job or any hiring decisions now or in the future.
- After completing this form, you will receive a \$30 e-gift card via email.
- Participation in this form does not pose any risks to you as a respondent other than accidental disclosure of information. REL Mid-Atlantic has safeguards in place to ensure respondents' confidentiality, including restricted access to survey data and separating identifying information such as school names from form responses. All REL Mid-Atlantic staff sign a confidentiality pledge, and all staff with access to identifiable study data have received clearance from the U.S. Department of Education and are subject to severe legal consequences for any breach of confidentiality. Any data that identifies you will be destroyed at the end of the study. If you have any questions about your rights as a research volunteer, contact Health Media Lab Institutional Review Board (HML IRB) toll free at 1-202-753-5040 and reference IRB number [insert].

Check here to proceed if you have read and understand the above statements and agree to participate in the PLC Facilitator Form.

You previously completed a form for each PLC session that you facilitated. For this form, please consider *all the PLC sessions* that you facilitated from [DATE] to [DATE].

ALL

A1. Listed below are each of the modules within the writing toolkit. Based on your experience facilitating the PLC sessions, please select the modules that you would recommend making changes to.

Select all that apply

- Orientation..... 1
- Module 1..... 2
- Module 2..... 3
- Module 3..... 4

IF A1 = 1

A2a. Please describe the specific recommendation(s) you have for making changes to the orientation.

RECOMMENDATION (STRING 500)

IF A1 = 2

A2b. Please describe the specific recommendation(s) you have for making changes to Module 1.

RECOMMENDATION (STRING 500)

IF A1 = 3

A2c. Please describe the specific recommendation(s) you have for making changes to Module 2.

RECOMMENDATION (STRING 500)

IF A1 = 4

A2d. Please describe the specific recommendation(s) you have for making changes to Module 3.

RECOMMENDATION (STRING 500)

ALL

A3. Please indicate the extent to which you agree or disagree with the following statements.

		Strongly disagree	Disagree	Neither agree/disagree	Agree	Strongly agree
IF A3 ONLY	a. The facilitator's guide enabled me to successfully lead PLC activities and discussions	1m	2m	3m	4m	5m
A4.	If you have any additional details for why you disagreed or strongly disagreed with the following statements, please add them in the table below. Otherwise, please select "I don't have any additional details to provide."					
	b. Our PLC built teachers' capacity to self-assess and improve writing instruction	1m	2m	3m	4m	5m
	c. The toolkit was helpful in supporting teachers with implementing new instructional practices	1m	2m	3m	4m	5m

PROGRAMMER: THE TEXT BOXES SHOULD BE STRING 500. DO NOT ALLOW TEXT TO BE ENTERED AND "I DON'T HAVE ADDITIONAL DETAILS TO PROVIDE" BE SELECTED.

		Details	I don't have any additional details to provide
a.	The facilitator's guide enabled me to successfully lead PLC activities and discussions	<input type="text"/>	1m
b.	Our PLC built teachers' capacity to self-assess and improve writing instruction	<input type="text"/>	1m
c.	The toolkit was helpful in supporting teachers with implementing new instructional practices.	<input type="text"/>	1m

ALL

A5. Based on your experience facilitating the PLC sessions, would you have wanted additional facilitation guidance from the toolkit?

Yes..... 1

No..... 0

IF A5 = 1

A6. Please describe the additional facilitation guidance you would have liked to receive.

ADDITIONAL GUIDANCE (STRING 500)

ALL

A7. Did the PLC receive any of the following supports when working through the writing toolkit?

Select all that apply

- The school provided time for teachers to complete independent work.....1
- The school provided time for staff to collaborate on writing instruction materials or plans outside of the PLC meetings.....2
- The school provided adequate space (e.g., an unused classroom) for the PLC sessions to be held3
- The school district provided resources to help the school implement the toolkit4
- Other support (Please specify).....5
 SPECIFY (STRING 150)
- Other support (Please specify).....6
 SPECIFY (STRING 150)
- Other support (Please specify).....7
 SPECIFY (STRING 150)

- We did not receive any supports.....0

ALL

A8. What supports from your district are needed to sustain the work that was done through the PLC?

- Writing-specific professional development carried out throughout the full school year.....1
- A commitment to implementing a curriculum that emphasizes writing in non-writing topic areas.....2
- A commitment to implementing evidence-based writing instructional practices.....3
- Use of a writing assessment that allows us to track student writing progress.....4
- Other support (Please specify).....5
 SPECIFY (STRING 150)
- Other support (Please specify).....6
 SPECIFY (STRING 150)
- Other support (Please specify).....7
 SPECIFY (STRING 150)

- No supports are needed to sustain the work.....0

ALL

A9. Are there other supports that you would find helpful that you haven't already described?

- Yes (Please specify).....1
 (STRING 500)
- No.....0

Thank you for completing the form!