

# Appendix A6: PRISMS Toolkit Evaluation School Leader Informed Consent for Participation

## Consent for Survey

Dear School Leader:

The Providing Reading Interventions for Students in Middle School (PRISMS) study is designed to learn more about supporting teachers in implementing effective practices for middle school students eligible for reading interventions.

Your participation is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Below are the answers to some general questions concerning your participation.

### **What is the purpose of the school leader survey?**

The purpose of this checklist survey is to learn more about your experiences in your school this year as they relate to the toolkit implementation.

### **What will my participation include?**

This online checklist survey could take up to 30 minutes to complete. We will send you a \$25 Amazon gift card for completing this online checklist survey. We recommend that you complete the checklist survey in one sitting.

### **Who is conducting the school leader survey?**

This study is funded by the U.S. Department of Education's Institute of Education Sciences through the Regional Educational Laboratory (REL) Southwest contract.

### **Why should you participate in the school leader survey?**

Policymakers and education leaders rely on findings from studies like this to inform their decisions on how best to support teachers implementing reading interventions for students in middle school. The current project will fill a critical gap in the research on what types of professional support are necessary for teachers providing reading interventions to students in grades 6–8.

### **Will your responses be kept confidential?**

Yes. The evaluation team will protect the confidentiality of all information collected for the study and will use it for research purposes only. Only the evaluation team members with training in how to deal with sensitive and confidential data will be allowed access. In reporting the study's results, no information that identifies you or your organization will be reported. The researchers conducting this study follow the confidentiality and data protection requirements of the U.S. Department of Education's Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district, school, institution, or individual. All information you provide will be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

### **What are the risks to participation?**

Participation in the survey does not pose any special risks to you as a respondent other than accidental disclosure of information. The American Institutes for Research (AIR) has safeguards in place to ensure respondents' confidentiality, including restricted access to data and separating identifying information, such as school leader and school names, from survey responses. All study team members sign a confidentiality pledge, and all staff with access to identifiable study data have received clearance from

REL Southwest and are subject to severe legal consequences for any breach of confidentiality. Any data that identify you will be destroyed at the end of the study.

If you have any questions about your rights as a research volunteer, contact AIR's Institutional Review Board (IRB) at [IRBChair@air.org](mailto:IRBChair@air.org), call 1-800-634-0797 (toll free), or write to AIR, 1400 Crystal Drive, 10th Floor, Arlington, VA 22202-3289, and reference the IRB number [insert number when available].

**How will your information be reported?**

The information you provide will be combined with the information provided by other school leaders in statistical reports. No individual data that link your name or email address with your responses will be included in the statistical reports.

You are being asked to participate in the data collection for this study. Involvement entails participating in the teacher survey. Please check one of the boxes below:

- ☐ YES, I have read and understand the above and give my consent to participate in the online school leader checklist survey for the PRISMS study.
- ☐ NO, I have read and understand the above, but I do not give my consent to participate in the online school leader checklist survey for the PRISMS study.

**Please read the following instructions before you start:**

- Although we recommend completing this checklist survey in one session, you may pause and come back to the same place in your checklist survey by using your individual link. You may go back and forth using the checklist survey controls to change responses.
- Answering all the questions in each section will provide the study with useful data about your school. There are no right or wrong answers to the questions in this checklist survey. You may skip any questions that you feel uncomfortable answering.
- Please hit the "NEXT" or "SUBMIT" button at the end of each section for your responses to be recorded.

## Consent for Interview

Thank you for participating in the Providing Reading Interventions for Students in Middle School (PRISMS) study being conducted by Regional Educational Laboratory (REL) Southwest. We know that your time is valuable, and we greatly appreciate your willingness to participate in this interview.

**Purpose.** Funded by the U.S. Department of Education and developed by REL Southwest, the PRISMS toolkit provides resources to support effective literacy intervention instruction for students in grades 6–8 aligned to the evidence-based recommendations in the Institute of Education Sciences (IES) practice guide [Providing Reading Interventions for Students in Grades 4–9](#). Your school is participating in a study of the impact of PRISMS on teacher and student outcomes. As part of this study, you are invited to participate in this interview.

**Procedure.** The virtual interview will take about 30 minutes to complete. We will send you a \$50 gift card for your participation.

**Risks/Benefits.** There are no foreseeable risks associated with participating in this interview. Your participation is voluntary, and you may decline to respond to any question if you are uncomfortable. You can decide not to participate or to discontinue your participation at any time without penalty or loss of benefits.

**Confidentiality.** All information obtained in this evaluation will remain confidential. Only the evaluation team members with training in how to deal with sensitive and confidential data will be allowed access.

In reporting the study's results, your answers will be completely confidential; no information that identifies you or your organization will be reported. The researchers conducting this study follow the confidentiality and data protection requirements of the U.S. Department of Education's Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district, school, institution, or individual. All information you provide will be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

**Questions?** If you have any questions or concerns about participation, please contact Dr. Jill Bowdon, study principal investigator, at [jbowdon@air.org](mailto:jbowdon@air.org). If you have concerns or questions about your rights as a research participant, contact the chair of the Institutional Review Board (IRB) at the American Institutes for Research (AIR) at [IRBChair@air.org](mailto:IRBChair@air.org), toll free at 800-634-0797, or in writing at c/o AIR IRB, 1400 Crystal Drive, 10th Floor, Arlington, VA 22202-3289, and reference IRB number [insert number when available].

**Statement of consent:**

**You are being asked to participate in the data collection for the evaluation of the PRISMS study. Involvement entails participating in the data collection activities described above. Please check one of the boxes below:**

- ☐ YES, I have read and understand the above and give my consent to participate in an interview for the PRISMS study.
- ☐ NO, I have read and understand the above, but I do not give my consent to participate in an interview for the PRISMS study.

**Your name (please print):** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_