



Permission to Take Part in Professional Development and Program Evaluation

STUDY00003981
FSU IRB Approved
23 March 2023

Title of the Project: *The Successful Start: Cognitively Guided Instruction project*

Principal Investigator: Dr. Amanda Tazaz, Senior Research Associate

You are being invited to take part in a program evaluation. Please find below information about this evaluation for you to think about before you decide to take part. Ask us if you have any questions about this information or the evaluation before you decide to take part.

Key Information for You to Consider

Statement of the Program Evaluation. You are being invited to volunteer to take part in our professional development training and its program evaluation. It is up to you whether you choose to take part or not. There will be no penalty or loss of benefits to you if you choose not to take part or decide later not to take part.

Purpose. The reason that we are doing this evaluation is to investigate if the Cognitively Guided Instruction program developed for Hillsborough County Public Schools results in improved student mathematics achievement.

Duration. We think that taking part in our professional development program and the program evaluation will last 1 year (summer + the following school year).

Research Activities. You will be asked to participate in 8-days of professional development and complete online surveys for program evaluation. Professional development will include 4-days of in-person summer professional development, 2-days of virtual professional development occurring on a Saturday between August 1st and September 30th, and 2-days of virtual professional development occurring on a Saturday between January 10th and March 30th. You will also have the opportunity to participate in facilitated mathematics team meetings during the school year. Program evaluation will include completion of online surveys before professional development begins in the summer and then again at the conclusion of the following school year.

Incentives: You will be provided up to \$1,950 in financial incentives for participation in program activities on non-contractual workdays over the 1-year participation.

Risks: We anticipate minimal or no personal risks associated with your participation in this program.

Benefits: As a result of taking part in this professional development and program evaluation, we think that you may have an increased capacity to meet students' instructional needs in mathematics. We also believe that your students may have improved student learning in mathematics.



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What is this professional development and evaluation about?

Researchers at Florida State University are evaluating the effects of a Cognitively Guided Instruction (CGI) teacher professional development program developed for teachers in Hillsborough County Public Schools. This mathematics teacher professional development program focuses teachers' attention on students' mathematical thinking and provides guidance in using student thinking to inform and improve instruction. Researchers are interested in finding out if the program result in positive impacts for teachers and students in Hillsborough County. You are invited to take part in the professional development and program evaluation because you are a mathematics teacher in Hillsborough County responsible for teaching students in grades VPK to 3rd grade. You are one of approximately 300 teachers to take part in this professional development program and evaluation. Your involvement in the training and evaluation is expected to last one school year, beginning in the summer, and continuing through the next school year.

This professional development program and the program evaluation is being funded by The Children's Board of Hillsborough County.

What will happen during this program?

If you agree to be in this professional development and program evaluation, your participation will include the following activities:

1. Professional development
 - a. 4-days of in-person summer professional development,
 - b. 2-days of virtual professional development occurring on a Saturday between August 1st and September 30th, and
 - c. 2-days of virtual professional development occurring on a Saturday between January 10th and March 30th.
2. School year mathematics support
 - a. You will have the opportunity to participate in facilitated mathematics team meetings at your school during the school year. You will schedule these meetings with one of our facilitators as needed. These meetings could occur during your normally scheduled mathematics planning time or any time your team has available to plan (e.g., planning time on early release days). If scheduled, these meetings will be open to any other teacher on your math team, regardless of if they are attending the CGI training program and will focus on lesson planning and implementation of the program ideas and district requirements into the math classroom.
3. Program evaluation
 - a. You will complete the following online surveys before summer professional development and then again at the conclusion of the program in spring the following year:
 - i. A test of your mathematical knowledge for teaching
 - ii. A questionnaire about your beliefs about mathematics teaching and learning
 - iii. A questionnaire about your anxiety related to teaching mathematics
 - iv. A questionnaire about your perceptions of the professional development training program
 - b. You will be asked to complete 5 online logs during each academic quarter about your mathematics instruction. Each log should take approximately 5 minutes to complete.
 - c. You will be asked to distribute and collect parental consent forms for students in your classroom. These letters inform parents about the professional development program and



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its program evaluation and asks parents' permission for their child to participate in data collection.

- d. You will administer the Mathematics Anxiety and Attitude Scale for Students (MAAS) at the beginning and end of the school year. This questionnaire is group-administered and should take no more than 15 minutes of your class time.

We will tell you about any new information that may affect your willingness to continue to take part in this professional development program and program evaluation.

What is the compensation for the professional development and program evaluation?

If you agree to take part in this professional development and program evaluation, Florida State University on behalf of the Children's Board of Hillsborough County, will provide you with a check (or direct deposit) of up to \$1,950 as described below for your time and effort over the course of 1 year.

You will be provided a daily stipend in the amount of \$150 per day for participation in the 4-days of professional development during the summer and for the 4-days of follow-up training that will occur on Saturdays during the school year. Payment will be contingent upon these days occurring outside of your contracted days with the school district and your completion of the training days.

You will be provided a stipend of \$125 for completion of the online assessment measures prior to the start of the summer training program. Because this activity occurs prior to the professional development program, payment will be contingent upon your attendance in the program. You will be provided an additional stipend of \$125 for completion of the online assessment measures at the end of the training program the following spring.

You will be provided a stipend of \$125 in each quarter for the completion and submission of 5 online classroom logs (July-September, October-December, January-March, April-end of school year).

What will you do to protect my privacy?

The results of the evaluation may be published or presented, but no information that may identify you will ever be provided or released in publications or presentations. We will take steps to protect your privacy and confidentiality. These steps include storing all data in locked file cabinets or on a secure server at Florida State University and the Children's Board of Hillsborough County. Despite taking steps to protect your privacy or the confidentiality of your identifiable information, we cannot guarantee that your privacy or confidentiality will be protected. For example, if you tell us something that makes us believe that you or others have been or may be physically harmed, or if we are likely to uncover abuse, neglect, and/or self-injury or injury to others, that information may be disclosed or reported to appropriate authorities such as law enforcement.

Individuals and organizations responsible for conducting or monitoring this program evaluation may be permitted access to and inspect the evaluation records. This includes the Florida State University Institutional Review Board (FSU IRB), which reviewed this evaluation plan and the Children's Board of Hillsborough County, which funds this project.

This program evaluation is collecting data from you. If identifiers (e.g., name, school name, etc.) are removed from your identifiable private information collected during this research, that de-identified information could be used for future research studies or distributed to another investigator for future



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research studies without your additional informed consent.

What are the risks of harms or discomforts associated with this research?

We anticipate minimal or no personal risks associated with your participation in this evaluation. If in the future we become aware of any additional harms or discomforts that may affect you, we will tell you.

How might I benefit from this research?

Your participation may result in the following future benefits to you and your students:

- Improved teacher capacity to meet students' instructional needs in mathematics
- Improved student learning in mathematics

Is my participation voluntary, and can I withdraw?

Taking part in this professional development and program evaluation is your decision. Your participation in this professional development and evaluation is voluntary. You do not have to take part in this project, but if you do, you can stop at any time, however, you will only be paid for activities that you have completed in full. Your decision whether to participate will not affect your relationship with Florida State University, the Children's Board of Hillsborough County, or Hillsborough County Public Schools. There is no penalty if you do not participate.

If you withdraw from the project, the data collected to the point of withdrawal will be de-identified and remain in the evaluation dataset.

Can I be removed from the research without my OK?

We may remove you from the professional development and program evaluation without your approval. Reasons we would do this include if you no longer teaching VPK- 3rd grade students who reside in Hillsborough County. We will notify you via email if you are removed for the reason stated above.

Who do I talk to if I have questions?

If you have questions, concerns, or have experienced a research-related injury, contact the research team at:

Dr. Amanda Tazaz
850-644-7619
Florida State University
4600 C University Center
Tallahassee, FL 32306
email: atazaz@lsi.fsu.edu

The Florida State University Institutional Review Board ("IRB") is overseeing this research. The FSU IRB is a group of people who perform official independent review of research studies before studies begin to ensure that the rights and welfare of participants are protected. If you have questions about your rights or wish to speak with someone other than the research team, you may contact:

Florida State University IRB
2010 Levy Drive, Suite 276
Tallahassee, Florida 32306
850-644-7900
humansubjects@fsu.edu



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STATEMENT OF CONSENT

I have read and considered the information presented in this form. I confirm that I understand the purpose of the professional development and program evaluation procedures. I understand that I may ask questions at any time and can withdraw my participation without prejudice. I have read this consent form. My electronic signature below indicates my willingness to participate in this professional development and program evaluation.

I consent to participate in this teacher professional development and its program evaluation.

Printed Name of Adult Participant

Electronic Signature of Adult Participant

Date