



JUN 27 2017

INFORMED CONSENT

Dear Participant,

Throughout your involvement and participation in KCM (Kentucky Center for Mathematics) professional learning experiences teacher videos, coursework, personal reflections, surveys and assessments are often used to assess and research the outcomes resulting from involvement in KCM programs. Your participation in the program is voluntary and there are no foreseeable risks or benefits to you in submitting evaluation data. You may stop participating in the program at any time without consequence. However, submission of program evaluation items such as these is a requirement in order to retain professional learning experience benefits through KCM. All data is maintained as confidential, and participant names are never revealed in research outcomes. A list of potential surveys and assessments are described below, however, you will not be asked to complete all of them. If you agree, by signing below, you are stating that you are giving the Kentucky Center for Mathematics permission to use your coursework, personal reflections, video-recordings, survey and assessment responses for the evaluation of KCM professional learning experiences and programs.

Potential Surveys and Assessments *estimated time to complete item*

- Teacher Interview and Observation (RC Visit) – 30 min.
- MBS (Math Beliefs Scales) – 15 min.
- LMT (Learning Mathematics for Teaching) – 20-25 min.
- General PLE (Professional Learning Experience) Overall Survey – 30 min.
- Video-taped Interview – A video of yourself working with a student – 5-15 min.
- Pedagogical Knowledge Measure, Early Childhood – 10 min.
- Math Recovery or Add+Vantage MR Diagnostic Interview – 30 min.
- PNM (Professional Noticing Measure) – 20 min.
- Session Survey – 10 min.
- FAS (Fluency Assessments Survey) – 15 min.
- Personal Reflections – 15 min.
- Video-taped Lesson – A video of yourself providing instruction to students – 30 min.

Section 1:

I will allow and give permission for my coursework, personal reflections, surveys, assessments, and video-recordings to be used in the research and evaluation of KCM professional learning experiences and in determining areas of need in Kentucky.

Printed Name _____ Signature X _____ Date _____

Section 2:

I will allow and give permission for KCM to share photographs and video-recordings of myself in professional learning experiences. I understand that these recordings may be used in professional presentations, newsletter publications, professional journals and articles, and also on the KCM website, www.kymath.org.

Printed Name _____ Signature X _____ Date _____

Section 3:

Your unique teacher ID is the FIRST THREE LETTERS of your mother’s maiden name, followed by your two-digit MONTH and two-digit DAY of birth, followed by the FIRST LETTER of your first name.

ex: my mother’s maiden name: Chambers, my DOB: 02/26/65, my name: Ellen Marie Smith = CHA0226E.

All evaluation submissions should be submitted under this ID to maintain your confidentiality.

Please provide your teacher ID here: _____

Please return this form to Jennifer Martinez at Fax #: 859.572.7677

If you have questions about this study, please contact Meredith Brewer, Director, Kentucky Center for Mathematics at (859) 572-5976, brewerm8@nku.edu. If you have questions or concerns about your rights as a participant or about the program evaluation, please contact Philip J. Moberg, Ph.D., Chair of the Institutional Review Board, Northern Kentucky University at (859) 572-1913, mobergp1@nku.edu.