SCHOOL-WIDE ASSESSMENT DATA PERMISSION

I give permission to the KCM (Kentucky Center for Mathematics) to use our school-wide mathematics assessment data for the purposes of evaluating KCM professional learning experiences and for the analysis and research of student data for the purpose of determining areas of need in Kentucky. All student data received by KCM is kept confidential, and is requested without submission of student names. Compiling school-wide student assessment data is estimated to take 15 minutes per submission. No foreseeable risks or benefits are associated with your participation in this study. Your participation in KCM programs is voluntary and you may stop participating in the program at any time without consequence. However, submission of school-wide student data is a requirement of the program and must be submitted in order to retain professional learning experience benefits through KCM.

Specifically, if available, our district/school will provide excel or .csv files for all test administrations with the following column headers:

1. State Student ID  
2. Grade Level  
3. Test Date (date assessment was administered)  
4. Scale Score/Raw Score  
5. National Percentile  
6. State Percentile  
7. N/A/P/D designation

Please complete all highlighted items if you agree to this permission.

_____ (initial) I understand that this permission will remain valid throughout the length of our participation in KCM programs and professional learning experiences.

_____ (initial) I understand that without submission of school-wide data, I have the option to withdraw our school/district from the professional learning experience through KCM.

Printed name: __________________________ Signature: __________________________

Position/Title: __________________________ District: __________________________ Date: __________

Please list all schools you have authority to cover under this permission:

1. __________________________ 6. __________________________
2. __________________________ 7. __________________________
3. __________________________ 8. __________________________
4. __________________________ 9. __________________________
5. __________________________ 10. __________________________

Please return this form via fax to the KCM at 859-572-7677 or email to mitdata@nku.edu.

If you have questions about this study, please contact Dee Crescitelli, Director, Kentucky Center for Mathematics at (859) 572-7745, cresciteld1@nku.edu. If you have questions or concerns about your rights as a participant or about the program evaluation, please contact Andrea Lambert South, Ph.D., Chair of the Institutional Review Board, Northern Kentucky University at (859) 572-6615, irbchair@nku.edu.

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