

PROJECT PRIME
Mathematics Science Partnership Grant
2013 Pilot

MEMORANDUM OF UNDERSTANDING AND VIDEO RELEASE
for PARTICIPATING TEACHERS

The PRIME Pilot project represents an effort to evaluate the benefits of teachers' using videos of their own classroom instruction to examine their performance and that of their students. Please sign this document and send it to Frederica Frost at frostf@resa.net or Center for Evaluation Research, 207 Woodlawn, Royal Oak, MI 48073 in order to participate in the pilot.

ASSURANCE OF CONFIDENTIALITY. Videos will be viewed only by members of the project evaluation team. No individual teacher information will be shared beyond the team without the express consent of the teacher. Actual names of individual teachers will not be associated or linked to any video. Videos will take the place of actual classroom visits by an external evaluator.

This information is designed help us better understand the effects of the program on participating schools, teachers, and students. All information you provide is strictly confidential. Neither your name nor that of your school or students will be linked to the data when reporting results of the evaluation.

This memorandum of understanding is to confirm that _____ from _____ School intends to participate in the video pilot of Project PRIME.

STUDENT VIDEO RELEASE

Video release information for students is: Please check one.

_____ Collected annually by my school from all students

_____ Not collected by my school. I will get releases signed and send them to the Center for Evaluation Research using the attached form.

Signature _____ Date _____

You will need a sound amplifier to place near the source of sound. Your school may have this equipment already. If your school has a sound amplification system for the hearing impaired, this will be sufficient. If you need amplification, see the project explanation for sources of voice recorder apps for your phone. The iPhone app is free; you will be reimbursed for the cost of the Android app if you order it.

BENEFITS:

- Receive a \$340 stipend for participation through May, 2013.
- Receive equipment necessary for your school to video classroom lessons.
- Contribute to the knowledge about the effects of the PRIME program to help other educators improve learning and teaching.

EXPECTATIONS:

- Fully participate in professional development activities over the duration of the project.
- Implement in your classroom and school what you are learning in the professional development sessions.

- Fully participate in evaluation activities which include surveys and assessments. Produce 5-7 minute video clips of three lessons (one each in January, March, and May, 2013) and complete the Reporting Form using the 8 Practices Rubric.

Questions about the project and associated evaluation can be directed to Frederica Frost at frostf@resa.net or 810.643.6435.

Teacher Signature: _____ **Date:** _____

It is assumed that you will notify your principal about participating in the project.

PRIME PILOT PHOTOGRAPH AND VIDEO RELEASE 2012-2013

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape in return for a stipend of \$340. The videos will be used only in piloting the use of classroom videos and scoring using the Mathematical Quality of Instruction (MQI) as a component of PRIME program evaluation. I understand that before my image is used for any purpose other than MQI scoring, my written approval will be required. Other than the \$340 stipend, I waive any right to additional royalties or other compensation arising or related to the use of my image or recording.

My approval may be requested for use of my image in photographic, audio or video recordings for use for the following purposes:

- * conference presentations
- * educational presentations or courses
- * informational presentations
- * on-line educational courses
- * educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed only for MQI scoring. There is no time limit on the validity of this release. This release applies to photographic, audio or video recordings collected only as part of the PRIME program evaluation.

By signing this form I acknowledge that I have completely read and fully understand the above photograph and video release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for evaluation purposes through use of the MQI.

Full Name _____

Home Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____ Email address _____

Phone _____ Cell _____ Fax _____

School and District _____

Signature _____ Date _____