



Control Group Teacher Agreement

Name _____

School _____

School District _____

School Address _____

School Phone Number _____

Home Address _____

Home Phone Number _____ Email _____

Teaching Assignment _____ Grade(s) _____

Number of Classes in Program _____ Average Number of Students per Class _____

By participating in the **Project Citizen Research Program**, I agree to the following:

- Participate in the program research by:
 - Taking a pre- and post-test as the Control Group teacher
 - Administering pre- and post-tests to classes/students involved in the Control Group

I will be paid a stipend for participating in the Project Citizen Research Program Control Group.

Signed _____ Date _____