

Agreement to Participate in a Research Study

As the authorized official of my school, I am agreeing to the participation of our school for the 2021-2022 school year in the study entitled *Developing and Validating Assessments of Teacher Well-Being and Social-Emotional Learning Implementation* under the direction of Drs. Brackett, Cipriano, Floman, and Strambler.

I have been given a description of the project procedures and the measures of teacher well-being and social-emotional learning implementation. I understand that in fall 2021 (late September-October), each school will be assigned to administer a survey about teacher well-being **or** a survey about social-emotional learning practices, whereas in winter/spring 2022 (February-April), all schools will administer a survey that includes a subset of items about both teacher well-being **and** social-emotional learning practices. I understand that my decision to enroll my school in the study is due no later than September 30, 2021.

I understand that if an adequate number of teachers from my school participate, I will be provided with a report summarizing responses from my school within two months of when the survey closes. I will also receive a final report on the outcome of the study within three months of the study completion.

I understand that I will not be provided with any information which individually identifies teachers or their responses. I understand that the investigator will take responsibility for any findings which require follow up with the teachers, district, and respective state authorities.

I understand that I may withdraw the school's participation at any time or prohibit the inclusion of any of the measures included in the study.

If I have any questions about this research study, I may contact Linda Torv, Program Manager for Research, at YaleEWBSEL@yale.edu.

If I have any concerns about the conduct of this study, I can contact the Human Subjects Committee at 203-785-4688, human.subjects@yale.edu.

School Name: _____

Authorized Official Name: _____

Authorized Official Signature: _____

Title: _____

Email address: _____

Alternate school contact for
routine study administration issues: _____

Title:

Email address:
