



Control Teacher Agreement

James Madison Legacy Project Expansion Program 2023-2024 Control

Name			
School			
School District			
School Address			
School Phone Number			
Home Address			
Home Phone Number		Email	
Experience with We the People	Attended Training Yes No	Used the Books Yes No	I Have No Experience Yes No
Teaching Assignment in 2023-2024		Grade Level(s) of Students in 2023-2024	
Number of Classes that will be in Program		Average Number of Students per Class	
Student Population Served (see 1 st bullet below)	ELL Students Yes No	Students of Color Yes No	Students with Disabilities Yes No

As a Control Group Teacher in **the James Madison Legacy Project Expansion Program**, I agree to the following:

- Teach the social studies or civics class(es) identified for this control group in the 2023-2024 academic year as regularly prescribed. I will not be implementing the We the People: The Citizen and the Constitution curricular program.
 - The participating class must have a student population of English language learners (ELLs), students of color, (30% or more per classroom), and/or students with disabilities (50% or more per classroom).
 - A minimum of one class that qualifies is required for participation.



- Participate in the research aspect of the project by:
 - Filling out the online teacher pre- and post-surveys within the parameters described by the site coordinator.
 - Administering the student pre- and post-tests to the identified control group class(es).

In return, I will receive a \$300 stipend and the opportunity to enroll in the teacher professional development offered in academic year 2024-25 for the James Madison Legacy Project Expansion Program.

Signed _____ Date _____

Administrator Support

**Required for participation*

I understand that the above-named teacher as a representative of

_____ (school name) will be required to complete the items outlined above as part of the James Madison Legacy Project Expansion Program. The school/district will support him/her in this activity.

Administrator Signature: _____

Printed Name: _____ Date: _____

Please email the completed Control Teacher Agreement form to:

Leah Prager, Program Specialist

The Arizona Foundation for Legal Services & Education

Email: Leah.Prager@azflse.org