

Evidence for IIA Personalized Professional Development or Class Size Reduction

1 **Identified Need:** Describe the need that has been identified and the data/information that was used to identify the need.

2 **Proposed Professional Development Practice:** Describe the proposed professional development that is intended to address the need.

Present evidence supporting the proposed practice by completing the chart¹ below with up to three studies, illustrating how the evidence level of the proposed activity was determined.

columns if needed.		Study 1	Study 2	Study 3
3	Provide a brief citation of the study			

Question	In each column, address the question for each study, using the response options listed; make notes in the columns if needed.	Study 1	Study 2	Study 3
4a	<p>Was this study a well-designed and well-implemented randomized controlled trial (RCT), as defined by ESSA?</p> <p>If "Yes," go to 4b. If "No" or "Not enough information," go to 5a.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Enough Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Enough Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Enough Information
4b	<p>For this RCT, is there a statistically significant <i>favorable</i> effect of the intervention on the relevant outcome(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c	<p>For this RCT, is there a statistically significant and overriding <i>unfavorable</i> effect on the relevant outcome(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question

In each column, address the question for each study, using the response options listed; make notes in the columns if needed.



