

Aligning Evidence-based Clearinghouses with Non-Regulatory ESSA Tiers of Evidence

Clearinghouse Characteristics

| Clearinghouse | Focus Areas | Types of studies included | Criteria factored into ratings | How conflicting outcomes are handled | Contextual information provided |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| What Works Clearinghouse (Institute for Education Sciences) | Academic, behavioral, student subgroups, teacher excellence, dropout prevention, postsecondary success | Experimental (RCTs) and Quasiexperimental designs, including Regression Discontinuity Designs (RDD) and Single Case Designs (SCD) | Strength of the study methodology (design, outcome requirements, confounding factors) | They are reported in intervention reports, but do not factor into ratings. | Intervention report and evidence snapshot pages provide sample size, setting, and student demographic breakdowns for each intervention. |
| Top Tier Evidence (Coalition for Evidence-based Policy) | All areas of social policy: Early childhood, K-12 & postsecondary education, employment/training, health, community, international development | RCTs only | Design, implementation fidelity, setting, magnitude of effect with sustained benefits, replicability | Interventions require “no strong countervailing evidence”—evidence of negative effect or absence of effect from a well-conducted RCT. | Evidence summaries (~ 4-10 pages) provide sample sizes, settings, benefit/cost information, and demographics |
| Blueprints Programs (Blueprints for Healthy Youth Development) | Programs designed to reduce antisocial behavior, and promote healthy youth development | Experimental (RCTs) and Quasiexperimental designs | Design, implementation, dissemination, magnitude of effect with sustained | Interventions require “an absence of iatrogenic effects for intervention participants”; in | Sample sizes provided in detailed evaluation abstracts, provide searchable dashboard by |

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| | and adult maturity. Specific outcomes in the areas of problem behavior, education, emotional well-being, physical health, & positive relationships. | | benefits, replicability | other words, no harmful effects <i>on specified Blueprint outcomes</i> , either as a whole or for any subgroups | outcomes, target population, program specifics, risk/protective factors. Some programs have cost/benefit data. |

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| ESSA Tiers of Evidence | | | |
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| Strong Evidence | Moderate Evidence | Promising Evidence | Demonstrates a Rationale |
| <ul style="list-style-type: none"> Well designed & implemented experimental study (RCT, RDD, SCD) Significant favorable effect on relevant outcome No overriding negative effects from causal studies Large, multisite sample Overlaps with population | <ul style="list-style-type: none"> Well designed & implemented QED or RCT with high attrition Significant favorable effect on relevant outcome No overriding negative effects from causal studies Large, multisite sample Overlaps with population | <ul style="list-style-type: none"> Well designed & implemented correlational study or well designed & implemented RCT or QED without a large/multisite sample Statistical controls for selection bias Significant favorable effect on relevant outcome No overriding negative effects from causal studies | <ul style="list-style-type: none"> Well specified logic model An effort to study the effects is currently or soon to be underway |

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Alignment of Clearinghouses with ESSA Evidence Tiers

| Clearinghouse | Study/Program ratings | Criteria | Alignment with Every Student Succeeds Act Evidence Tiers |
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| What Works Clearinghouse | Meets standards without reservations | <ul style="list-style-type: none"> Well designed, well implemented experimental study with low attrition Well-designed, well-implemented Regression Discontinuity Design (RDD) | <p>If positive effects with large multisite sample = Strong Evidence.</p> <p>If positive effects without large multisite sample = Promising Evidence</p> |
| | Meets standards with reservations | Well designed, well implemented quasi-experimental design with baseline equivalence (or an RCT with high attrition, can be reviewed as a quasi-experimental design) | <p>If positive effects with large multisite sample = Moderate Evidence.</p> <p>If positive effects without large multisite sample = Promising Evidence</p> |
| Top Tier Evidence | Top Tier | <ul style="list-style-type: none"> Well designed, well implemented RCTs in replicable setting. Large, sustained effects. Must be multi-site. | <p>If sample size is 350 or more for studnets or 50 or more for groups = Strong Evidence</p> <p>If sample size is smaller than parameters above = Promising Evidence</p> |
| | Near Top Tier | <ul style="list-style-type: none"> Meet most Top Tier standards, only need one additional step to qualify (such as replication). | Promising Evidence |
| Blueprints for Healthy Youth Development | Model + Programs | <ul style="list-style-type: none"> At least two high quality RCTs or one RCT and one QED Significant sustained positive impact on intended outcomes, No evidence of negative effects, Intervention specificity, outcomes, risk/protective factors, and logic model all specifically described. | <p>If large/multisite sample = Strong Evidence</p> <p>If no sample size information is available or sample is not large/multisite = Promising Evidence</p> |

| Clearinghouse | Study/Program ratings | Criteria | Alignment with Every Student Succeeds Act Evidence Tiers |
|---------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> • Results have been independently replicated | |
| | Model Programs | <ul style="list-style-type: none"> • At least two high quality RCTs or one RCT and one QED, • Significant sustained positive impact on intended outcomes, • No evidence of negative effects, • Intervention specificity, outcomes, risk/protective factors, and logic model all specifically described. | <p>If large/multisite sample = Strong Evidence</p> <p>If no sample size information is available or sample is not large/multisite = Promising Evidence</p> |
| | Promising Programs | <ul style="list-style-type: none"> • One high quality RCT or two high quality QEDs • Significant positive impact on intended outcomes • No evidence of negative effects • Intervention specificity, outcomes, risk/protective factors, and logic model all specifically described. | <p>If large/multisite sample and RCT = Strong Evidence</p> <p>If large/multisite sample and 2 QEDs = Moderate Evidence</p> <p>If no sample size information is available or sample is not large/multisite = Promising Evidence</p> |