

## **Appendix J. Data Collection Checklist for the "Student Health Survey"**

### Data Collection Checklist

School: \_\_\_\_\_

State: \_\_\_\_\_

Teacher/Class: \_\_\_\_\_

Period/Grade: \_\_\_\_\_

Teacher Use							Data Collector Use			
Student Name or ID	Grade	Gender (M/F)	Date Permission Form Distributed	Date Reminder Distributed	Returned "Yes" (Parent Gives Permission)	Returned "No" (Parent Refusal)	No Form Returned	Absent/ISS	Student Refusal	Other**
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
<b>TOTAL</b>										

**Totals**

	# of eligible students	# of completed surveys	Returned "Yes" (Parent Gives Permission)	Returned "No" (Parent Refusal)	No Form Returned	Absent/ISS	Student Refusal	Other**
Males								
Females								

\*\* The following non-participation codes should be used to identify why students are not eligible to participate in the survey (e.g., other). Do not include these students in the enrollment totals or on the Make-Up List.

- CCI - Cannot Complete Independently
- DC - Dropped Class
- DS - Dropped School
- E - Expelled
- EA - Extended Absence
- HB - Homebound
- M - Moved Away
- OSS - Out of School Suspension
- TAC - Took in Another Class

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer, 1600 Clifton Road, Room MS E-11, Atlanta, GA 30333, ATTN:PRA (0920-XXXX).