

November 3, 2008

District Site Coordinator Name
District
Address
City, State Zip

Dear District Site Coordinator Name:

Thank you again for serving as your district's Site Coordinator for Wave 5 of the Pre-Elementary Education Longitudinal Study (PEELS). This package contains the Site Coordinator Procedures Manual and your district's *Child Status Report (CSR)* for the fifth and final round of PEELS. This manual supersedes the one dated November 2006 that was used for the fourth wave.

As you are aware, we are asking you to help us locate the children and families already participating in the study. The manual explains what you can expect as a Site Coordinator for this final round of PEELS. I encourage you to review its contents, particularly Section 3: Updating Information on Children's Schools and Teachers. That section tells you how to prepare and return your district's *Child Status Report*.

We need the information on the *Child Status Report* to help our assessors schedule the direct child assessments for the PEELS children in your district. We will use the information you provide about children who have left your district to determine if they are still eligible for assessments based on the location of their new schools. The *CSR* does not contain children's names for reasons of confidentiality. In the next day or two, you will receive a list of participating children identified by your district's ID number and their PEELS ID. You can use the list to match children on the *CSR* with your district's records.

Please verify or update the information on the *CSR* and return it by November 17th. You may use the enclosed postage-paid envelope or fax it toll-free to the secure fax machine at 1-888-523-1107. Should you have any questions, please call your PEELS Supervisor, Mary Deller, at (888) 231-0541 or the PEELS hotline at 1-888-534-8348.

Sincerely,



Elaine Carlson
Project Director

PEELS Child Status Report (CSR)

<District Name>

<District ID>

<Date>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a survey unless it displays a valid OMB control number. The valid OMB control number for this survey is 1850-1809v4. The time required to complete it is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the questionnaire. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Special Education Research, U.S. Department of Education, 555 New Jersey Ave., NW Washington, DC 20208.

OMB #: 1850-1809v4

Expiration date: XX/XX/XXXX

District Name: preprint

OMB # 1850-0809 v.4; Exp. XX/2009

District ID: preprint

PEELS Wave 5 Child Status Report

Please update the information for each child listed. If information is unavailable because a child has moved out of your district, please provide whatever information is readily available.

Child's PEELS ID: *preprint*

Child: *First Name Last Initial*

Date of Birth: *preprint*

1. Is this child's family still living in your district? (Check one.) Yes No Don't know

2. Child's current grade (check one).

Kindergarten

2nd

4th

Ungraded

1st

3rd

5th

Not in school

3. Name of child's teacher: _____

Mr./Ms./Mrs./Dr.

First Name

Last Name

4. Name of person who knows child's educational program best *if different from teacher named above*:

Mr./Ms./Mrs./Dr

First Name

Last Name

School/Preschool: *preprint Wave 4 Primary school and address*

5. School if different from above: Don't know

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Child's PEELS ID: *preprint*

Child: *First Name Last Initial*

Date of Birth: *preprint*

1. Is this child's family still living in your district? (Check one.) Yes No Don't know

2. Child's current grade (check one).

Kindergarten

2nd

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5th

Not in school

3. Name of child's teacher: _____

Mr./Ms./Mrs./Dr.

First Name

Last Name

4. Name of person who knows child's educational program best *if different from teacher named above*:

Mr./Ms./Mrs./Dr

First Name

Last Name

School/Preschool: *preprint Wave 4 Primary school and address*

5. School if different from above: Don't know

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

