

## RESPONDENT INFORMATION SHEET (RIS)

### FRSS 99 – Dropout Prevention Services and Programs

District Label

#### I. DISTRICT INITIAL CONTACT

Hello, my name is [YOUR NAME]. I'm calling from Westat on behalf of the U.S. Department of Education to follow up on a packet that we recently sent to your superintendent. May I please have your superintendent's name? (**RECORD NAME IN SPACE BELOW.**) Also, is there a direct line at which we could reach him? (**IF YES, RECORD NUMBER IN SPACE BELOW.**)

SUPERINTENDENT'S

NAME:

SUPERINTENDENT'S

NUMBER:

Is he/she available?

☐ YES (GO TO B ON PAGE 2)

☐ NO (GO TO A BELOW)

#### A. SUPERINTENDENT NOT AVAILABLE

The packet we mailed to your superintendent contained a XXX-colored questionnaire from the U.S. Department of Education on dropout prevention services and programs. The survey was designed to be completed by the person who is most knowledgeable about dropout prevention services and programs available to students in your district. Do you know to whom the superintendent would have given it?

☐ Yes

May I have the name, title, and contact information for that person? (**GO TO DESIGNATED RESPONDENT CONTACT INFORMATION ON PAGE 5 AND RECORD INFORMATION, INCLUDING BEST AVAILABLE TIME.**)

☐ No (**CONTINUE BELOW**)

Would you please leave a message for the superintendent mentioning that I called about the dropout prevention services and programs survey? When is a good time to call back?

Callback

Date/Time:

Thank you for your time. I will call back.

## B. SUPERINTENDENT CONTACT

Hello, my name is (YOUR NAME) and I am calling from Westat on behalf of the U.S. Department of Education regarding a packet that we recently mailed to your attention. The packet contained a XXX-colored questionnaire on dropout prevention services and programs. The accompanying cover letter from the U.S. Department of Education explained the purpose of the study, and requested that the questionnaire be completed by the person who is most knowledgeable about dropout prevention services and programs available to students in your district. Did you receive the questionnaire? **(CHECK ONE BOX BELOW)**

- ☐ Yes, questionnaire received **(CONTINUE WITH C BELOW)**  
☐ No, questionnaire not received **(GO TO E ON PAGE 4)**

## C. QUESTIONNAIRE RECEIVED

Will you complete the survey yourself or have you given it to someone else?

- ☐ Yes, superintendent responsible **(GO TO 1 BELOW)**  
☐ No, someone else responsible **(GO TO 2 ON NEXT PAGE)**

### 1. Have you had a chance to complete the questionnaire? **(CHECK ONE)**

- ☐ Questionnaire completed and returned to Westat  
DATE RETURNED: \_\_\_\_\_  
MODE(Mail/web/fax): \_\_\_\_\_

Thank you very much for participating in the survey. We will look for your questionnaire. If we do not receive it soon, we will call back to let you know.

- ☐ Still working on questionnaire  
We would like to have all questionnaires completed and returned as soon as possible.  
Can you give us an idea of when we can expect your questionnaire?  
EXPECTED DATE OF COMPLETION: \_\_\_\_\_

Please remember that you have the option of completing the survey online at [www.frss-XXX.org](http://www.frss-XXX.org), or you can complete the paper copy and return it by mail or by fax, using our toll-free fax number 1-800-254-0984. **Please keep a copy for your records.** We will look for your questionnaire; if we do not receive it, we will call back to let you know. What is the best time to reach you?

BEST TIME: \_\_\_\_\_

Thank you for your time.

**INTERVIEWER: IF THE RESPONDENT PREFERS TO COMPLETE THE SURVEY ONLINE, PLEASE PROVIDE THE DISTRICT'S USER ID AND PASSWORD AND WEB ADDRESS: [www.frss-XXX.org](http://www.frss-XXX.org). IF HE/SHE HAS THE QUESTIONNAIRE IN FRONT OF HIM/HER, REFER THE RESPONDENT TO THIS INFORMATION ON THE SMALL LABEL AFFIXED TO THE COVER PAGE.**

2. May I please have the name of the respondent, his/her title, telephone number, and the best times to reach that person?

☐ Yes (**GO TO DESIGNATED RESPONDENT CONTACT INFORMATION ON PAGE 5**)

☐ No (**CONTINUE WITH D BELOW**)

**D. REFUSED DIRECT CONTACT WITH RESPONDENT**

Do you know the status of the questionnaire? (**CHECK ONE**)

☐ Questionnaire completed and returned to Westat  
DATE RETURNED: \_\_\_\_\_  
MODE(Mail/web/fax): \_\_\_\_\_

Thank you very much for participating in the study. We will look for your questionnaire. If we do not receive it soon, we will call back to let you know. Thank you for your time.

☐ Respondent still working on the questionnaire  
We are trying to have all questionnaires completed as quickly as possible. Can you give us an idea of when we can expect your questionnaire?  
EXPECTED DATE OF COMPLETION: \_\_\_\_\_

Please remind the respondent that he/she has the option of completing the questionnaire online at [www.frss-XXX.org](http://www.frss-XXX.org) or he/she can complete the paper copy and return it by mail or by fax, using our toll free fax number 1-800-254-0984. **Please remind the respondent to keep a copy of the completed questionnaire for your records.** We will look for your questionnaire; if we do not receive it, I will call back to let you know. What is the best time to reach you?

BEST TIME: \_\_\_\_\_

Thank you for your time.

☐ Status unknown  
Will you please check on the status of the questionnaire? I will call you back to check on the status of the questionnaire. When would be a convenient time for me to call back?  
CALLBACK TIME: \_\_\_\_\_

#### **E. QUESTIONNAIRE NOT RECEIVED**

The survey is being conducted for the U.S. Department of Education to collect information about dropout prevention services and programs around the nation. It is designed to be completed by the person who is most knowledgeable about dropout prevention services and programs available to students in your district. **[IF NEEDED, READ THE REST OF THIS PARAGRAH, BEFORE CONTINUING]**. In addition to collecting nationally representative information about dropout prevention services and programs, this short survey collects information on a range of topics to dropout prevention. For example, the survey collects information about factors and methods used to identify students at risk of dropping out, mentoring and transition support services used by the district, the entities with which districts work in their dropout prevention efforts.

You have the option of completing the questionnaire online or we can send another copy of the questionnaire to your district. Would it be possible to send the survey directly to the person who is most knowledgeable about dropout prevention services and programs in your district? **(CHECK ONE BOX BELOW AND FOLLOW INSTRUCTIONS.)**

- ☐ NO, send to superintendent **(CONTINUE BELOW; VERIFY/RECORD NAME, TITLE, AND ADDRESS ON LABEL. REQUEST FAX NUMBER OR EMAIL ADDRESS IF NEEDED. COMPLETE A REMAIL, FAX, OR EMAIL REQUEST FORM.)**
- ☐ YES, send to designated respondent **(RECORD NAME, TITLE, ADDRESS, PHONE, AND FAX NUMBERS, AND EMAIL ADDRESS IN PART II PAGE 5, RESPONDENT INFORMATION. COMPLETE A REMAIL, FAX OR EMAIL REQUEST FORM FOR DESIGNATED RESPONDENT.)**

I will mail/fax/email the questionnaire out today. We are trying to obtain all completed questionnaires as soon as possible because the data are urgently needed. **(CONTINUE BELOW. BASED ON PREFERENCE, ADJUST THE SENTENCE.)**

May I please confirm your mailing address/get your fax number/ get your email address? **(VERIFY OR UPDATE ADDRESS AND OBTAIN FAX NUMBER AND/OR EMAIL ADDRESS.)**

The survey can also be completed and returned online at [www.frss-XXX.org](http://www.frss-XXX.org). If you prefer, you may complete the paper copy and return it by mail or by fax, using our toll free number 1-800-254-0984. When can we expect your completed questionnaire?

EXPECTED

COMPLETION

DATE:

Thank you for your time. We will look for your questionnaire. **Please remember to keep a copy of the completed survey for your records.**

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## II. DESIGNATED RESPONDENT CONTACT INFORMATION

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

|          |       |
|----------|-------|
| Phone #: | _____ |
| FAX #:   | _____ |
| Email:   | _____ |
| Address: | _____ |
|          | _____ |
|          | _____ |

| Time           | M | T | W | TH | F |
|----------------|---|---|---|----|---|
| Available time |   |   |   |    |   |
| Other time     |   |   |   |    |   |

Comments

|  |
|--|
|  |
|  |
|  |

**PROCEED TO PAGE 6, SECTION III, RESPONDENT CONTACT.**

### III. RESPONDENT CONTACT

Hello, my name is (YOUR NAME). I'm calling from Westat on behalf of the U.S. Department of Education. Your superintendent (GIVE NAME) referred me to you regarding the U.S. Department of Education survey on dropout prevention services and programs. Did you receive the questionnaire?

☐ YES (CONTINUE WITH A BELOW)

☐ NO (GO TO B ON NEXT PAGE)

#### A. RESPONDENT RECEIVED SURVEY

Have you had a chance to complete the questionnaire?

☐ Questionnaire completed and returned to Westat  
DATE RETURNED: \_\_\_\_\_  
MODE(Mail/web/fax): \_\_\_\_\_

Thank you very much for participating in the survey. We will look for your questionnaire. If we do not receive it soon, we will call back to let you know. What is the best time to reach you?

BEST TIME: \_\_\_\_\_

Thank you for your time.

☐ Still working on questionnaire  
We would like to have all questionnaires completed and returned as soon as possible. Can you give us an idea of when we can expect your questionnaire?  
EXPECTED DATE OF COMPLETION: \_\_\_\_\_

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## **B. QUESTIONNAIRE NOT RECEIVED**

The survey is being conducted for the U.S. Department of Education to collect information about dropout prevention services and programs available to students in public school districts around the nation. **[IF NEEDED, READ THE REST OF THIS PARAGRAH, BEFORE CONTINUING]**. In addition to collecting nationally representative information about dropout prevention services and programs, this short survey collects information on a range of topics to dropout prevention. For example, the survey collects information about factors and methods used to identify students at risk of dropping out, mentoring and transition support services used by the district, the entities with which districts work in their dropout prevention efforts.

You have the option of completing the questionnaire online or we can send another copy of the questionnaire to your district. **(CONTINUE BELOW. BASED ON PREFERENCE, ADJUST THE SENTENCE).**

May I please confirm your mailing address/get your fax number/ get your email address?

The survey can also be completed and returned online at [www.frss-XXX.org](http://www.frss-XXX.org). If you prefer, you may complete the paper copy and return it by mail or by fax, using our toll free number 1-800-254-0984. When can we expect your completed questionnaire?

EXPECTED

COMPLETION

DATE:

Thank you for your time. We will look for your questionnaire. **Please remember to keep a copy of the completed survey for your records.**

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