



An Employee-Owned
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«Salutation» «FirstName» «LastName»
«Title»
«District Name or State Name»
«Address»
«City», «State» «Zip»

Date

Dear «Salutation» «LastName»:

As described in the accompanying letter from (INSERT NAME AND TITLE), Institute of Education Sciences (IES), we are requesting your participation in a brief web-based survey on your awareness of the products and activities of the Regional Educational Laboratories (RELs), as well as the relevance and usefulness of the RELs' products and activities. Study findings will be provided in aggregate. No individual respondents or organizations will be identified in the final evaluation report. All data collected will be kept confidential (The Education Sciences Reform Act of 2002), except as required by law.

A secure website for you to complete the survey is located at: <http://...>. You have been assigned a unique User Login that will provide access to the survey. Your unique User Login is:____. Please complete the survey no later than XXXX.

Feel free to contact me directly with questions or issues. Amy Bitterman can also assist. We both can be reached by calling 1-888-937-8281 extension XXXX or by emailing XXXX@westat.com.

Thank you in advance for your cooperation and participation in this survey. Your responses will provide important input as the Administration and the Congress consider the best ways to meet the educational needs of state and local administrators.

Sincerely,

Babette Gutmann
REL Evaluation Project Director

Notice of Confidentiality

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Information that could identify an individual or institution will be separated from the survey responses submitted, kept in secured locations, and be destroyed as soon as they are no longer required. Survey responses will be used only for research purposes. The reports prepared for the study will summarize findings across individuals and institutions and will not associate responses with a specific individual or institution. We will not provide information that identifies you or your institution to anyone outside the study team, except as required by law.

Paperwork Reduction Act of 1995

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The approximate time required to respond to this survey is estimated to be 10 minutes. Your participation is voluntary. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, 555 New Jersey Avenue, NW, Washington, DC 20208.