

LEA ID #: _____
LEA Name: _____
School ID:: _____
School Name: _____

Community Eligibility Option Evaluation

Certification Record Abstraction Form

INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to advance letter if needed). Review informed consent paragraph from the advance letter; and give them a copy of this letter.

Location of Records: LEA School Both **Data Collector Name:** _____ **Date:** _____

Notes: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 10 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.
Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates Inc.

CEO C_5 Certification Record Abstraction Form

Procedure for Approved/Identified Students:

1. Consult Pre-visit LEA Foodservice Director Questionnaire for contact and location of certification records.
2. If the sample was selected in advance, obtain list of Approved/Identified students sorted by Student ID or student name and locate the corresponding applications or source documents from the LEA foodservice director. If the sample was not selected in advance, select the sample first, then locate the corresponding applications or source documents from the LEA foodservice director.
3. From the list, record the first sampled Application Number (if applicable) in column B, Student ID in column C, Free/Reduced Price status in column D, Certification Type in column E, and Source Document type in column F. If there are two source document types, record second type in column G.
4. Refer to corresponding source document for given Student ID
5. If the source document information was recorded using the Application Data Form, check "App Data Form" in column H. If the source document was copied using a photocopier, check "Photocopied" in column H. If the application is unclear, make a photocopy and do not use the Application Data Form.
6. Check if name, DOB/Grade, and school on source document matches the list and indicate in columns I, J and K. If name or DOB/Grade is not on both list and source document, check "n/a."
7. Repeat steps 2-6 for subsequent approved/identified students.

Approved/Identified Students																														
A	B	C	D: Free/RP		E: Type of Certification					F: Source Document 1					G: Source Document 2					H: Application documentation			I	J	K					
			Free	Reduced Price	Application Not Found	Electronic Application	Paper Application	Direct Certification	Other List	Application	District Form	Direct Certification List	Direct Certification Query	Eligibility Report	Other	Application	District Form	Direct Certification List	Direct Certification Query	Eligibility Report	Other	Application Data Form				Photocopied	Not Available			
Abt ID	Application number	LEA Student ID																												
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> DOB <input type="checkbox"/> Grade <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> DOB <input type="checkbox"/> Grade <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> DOB <input type="checkbox"/> Grade <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

