

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.



















