

OMB Approval No.: 0584-0530
Approval Expires:

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND
CERTIFICATION STUDY (APEC-II)**

MEAL TRANSACTION OBSERVATION FORM

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 control number. The valid OMB control number for this collection is 0584-0530. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

SFA: _____ | _ | _ | _ | _ |

School: _____ | _ | _ | _ | _ |

Observer: _____ | _ | _ | _ | _ |

Date: | _ | _ | _ | / | _ | _ | _ | / | _ | _ | _ | _ |
 MONTH DAY YEAR

Time Began: | _ | _ | _ | / | _ | _ | _ | AM..... 1
 HOUR MINUTE PM..... 2

Time Ended: | _ | _ | _ | / | _ | _ | _ | AM..... 1
 HOUR MINUTE PM..... 2

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MEAL TRANSACTION OBSERVATION FORM

- Meal:** Breakfast
 Lunch

Meal Period: _____

Serving Line/Cashier Sampled: _____

Approximate Number of Transactions: _____

First Person-Transaction to Observe: _____

Sampling Interval: Take Every _____th Transaction After The First Selection

Total Count of Transactions Observed: _____

Record each food item offered and collect menu(s) for the meal being observed

Tray #: _____

Food Items	Check if Food Item Taken	Number of Units Taken	Whether Reimbursable Meal Recorded by Cashier	Type of Participant
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Student <input type="checkbox"/> Non-student <input type="checkbox"/> Adult
			NOTES:	