

Appendix A-4: Telephone Survey Receipt of Payment Form

Date of Survey: _____

Time of Survey: _____

Name of Participant: _____

Name of Researcher: _____

Signature of Researcher: _____ Date _____

Signature of Project PI: _____ Date _____

The \$25 check for participation in this telephone survey should be made payable to:

Name (of individual or organization) _____

Address:

This information collection is voluntary and will be used to learn how Head Start and Early Head Start programs establish and implement their school readiness goals. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this collection is 0970-XXXX and expires XX/XX/XXX.