

D1. GROUP 2—SFA DIRECTOR PLANNING INTERVIEW

This page has been left blank for double-sided copying.



ID#: |_|_|_|_|_|_|_|_|_|_|
SFA: _____
City and State: _____
Date: |_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

OMB Clearance Number: 0584-xxxx
Expiration Date: xx/xx/xxxx

School Nutrition and Meal Cost Study

Group 2 Planning Interview

RECRUITER NAME: _____

CONTACT RECORD

Date: |_|_|_| / |_|_|_| / |_|_|_|_|_|_| Time: |_|_| : |_|_|_|

STATUS: _____

DATE COMPLETED: |_|_|_| / |_|_|_| / | 2 | 0 | |_|_|_|

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 information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



SFA-LEVEL PLANNING

SFA: _____ SCHOOL 1: _____

SFA DIRECTOR: _____ SCHOOL 2: _____

PHONE: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| SCHOOL 3: _____

EMAIL: _____ SCHOOL 4: _____

INTRODUCTORY REMARKS

Answer questions respondent may have about the study or about how/why the SFA and the specific schools within the SFA were sampled for the study.

Confirm participation.

[PLEASE READ QUESTIONS GOING ACROSS ROWS, NOT DOWN COLUMNS.]

1. The first question I have is about new schools. Does your district have any schools that began operating during the 2013-2014 school year or later? Please include any new schools for 2014-2015 even if they're not officially opened yet.

IF YES: Can you give me the name(s) and zip code(s) of the new school(s)? (If necessary, you can email me a list at xxx@mathematica-mpr.com or fax it to xxx-xxx-xxxx.)

Does (SCHOOL) participate in the NSLP? IF YES: What grades are included in the school?

1. a. NEW SCHOOLS	b. ZIP CODE	c. PARTICIPATE IN NSLP?	d. GRADES
<hr/> <hr/>	_ _ _ _ _ _	YES → NO → SKIP TO NEXT SCHOOL	_ _ to _ _ _
<hr/> <hr/>	_ _ _ _ _ _	YES → NO → SKIP TO NEXT SCHOOL	_ _ to _ _
<hr/> <hr/>	_ _ _ _ _ _	YES → NO → SKIP TO NEXT SCHOOL	_ _ to _ _

Because you have [number] new school(s) in your SFA, there is a slight chance we may need to change the schools that have been selected to participate in the study. I will check into this after we complete this call and get back to you shortly.

We have made a preliminary selection of schools for the study. I'd like to ask you about some of these schools' characteristics to make sure they are eligible to be included in the study. Schools must be public and participate in the National School Lunch Program. Private schools, charter schools, and schools that have only pre-kindergarten or kindergarten students are not eligible. The first school we plan to contact in your district is (INSERT SCHOOL 1).

	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
NAMES OF SCHOOLS	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____
2. Is SCHOOL a private or charter school?	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No IF PRIVATE OR CHARTER, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No IF PRIVATE OR CHARTER, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No IF PRIVATE OR CHARTER, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No IF PRIVATE OR CHARTER, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.
3. Does SCHOOL participate in the National School Lunch Program (NSLP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No IF NO, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No IF NO, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No IF NO, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No IF NO, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.
4. Does SCHOOL participate in the School Breakfast Program (SBP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	
5. What grades are included in SCHOOL?	MARK ALL THAT APPLY P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12 IF PRE-K OR K ONLY, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	MARK ALL THAT APPLY P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12 IF PRE-K OR K ONLY, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	MARK ALL THAT APPLY P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12 IF PRE-K OR K ONLY, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	MARK ALL THAT APPLY P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12 IF PRE-K OR K ONLY, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.
6. Does SCHOOL offer reimbursable afterschool snacks?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
7. Are meals for SCHOOL partly or fully prepared in an off-site kitchen?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
7a. Can you tell me the name of the principal at SCHOOL and give me his/her contact information? What is the best way to reach him/her? MARK PHONE, EMAIL, OR DON'T KNOW.	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____
7b. What is the best time of day to reach him/her?	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW
8a. What is the name of the foodservice manager or other person who will complete the menu survey for SCHOOL? What is the best way to reach him/her? MARK PHONE, EMAIL, OR DON'T KNOW.	NAME 1 <input type="checkbox"/> PHONE # 2 <input type="checkbox"/> EMAIL d <input type="checkbox"/> DON'T KNOW	NAME 1 <input type="checkbox"/> PHONE # 2 <input type="checkbox"/> EMAIL d <input type="checkbox"/> DON'T KNOW	NAME 1 <input type="checkbox"/> PHONE # 2 <input type="checkbox"/> EMAIL d <input type="checkbox"/> DON'T KNOW	NAME 1 <input type="checkbox"/> PHONE # 2 <input type="checkbox"/> EMAIL d <input type="checkbox"/> DON'T KNOW
8b. What is the best time of day to reach him/her?	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW	DAY TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM d <input type="checkbox"/> DON'T KNOW
8c. Is (he/she) a district employee or does (he/she) work for a Food Service Management Company?	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee
8d. Does (he/she) have Internet access at the school to complete an online survey?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	NAME _____	NAME _____	NAME _____	NAME _____
	MPR ID _____	MPR ID _____	MPR ID _____	MPR ID _____
	LEVEL _____	LEVEL _____	LEVEL _____	LEVEL _____
<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	
8e. Will (he/she) be able to provide meal pattern contributions (or creditable amounts) for all menu items offered in reimbursable meals during the target week?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO 8G d <input type="checkbox"/> Don't know → GO TO 8G	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO 8G d <input type="checkbox"/> Don't know → GO TO 8G	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO 8G d <input type="checkbox"/> Don't know → GO TO 8G	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO 8G d <input type="checkbox"/> Don't know → GO TO 8G
8f. How will (he/she) obtain the meal pattern contributions or crediting information?	MARK ALL THAT APPLY 1 <input type="checkbox"/> From SFA-level staff (SFA director, district nutritionist, menu planner, etc.) 2 <input type="checkbox"/> From memory 3 <input type="checkbox"/> From CN labels, USDA Foods Fact Sheets, the Food Buying Guide, or other product information 4 <input type="checkbox"/> Listed on production records 5 <input type="checkbox"/> Listed on recipes 6 <input type="checkbox"/> Other (explain) _____ SKIP TO TARGET WEEK SECTION FOR THIS SCHOOL	MARK ALL THAT APPLY 1 <input type="checkbox"/> From SFA-level staff (SFA director, district nutritionist, menu planner, etc.) 2 <input type="checkbox"/> From memory 3 <input type="checkbox"/> From CN labels, USDA Foods Fact Sheets, the Food Buying Guide, or other product information 4 <input type="checkbox"/> Listed on production records 5 <input type="checkbox"/> Listed on recipes 6 <input type="checkbox"/> Other (explain) _____ SKIP TO TARGET WEEK SECTION FOR THIS SCHOOL	MARK ALL THAT APPLY 1 <input type="checkbox"/> From SFA-level staff (SFA director, district nutritionist, menu planner, etc.) 2 <input type="checkbox"/> From memory 3 <input type="checkbox"/> From CN labels, USDA Foods Fact Sheets, the Food Buying Guide, or other product information 4 <input type="checkbox"/> Listed on production records 5 <input type="checkbox"/> Listed on recipes 6 <input type="checkbox"/> Other (explain) _____ SKIP TO TARGET WEEK SECTION FOR THIS SCHOOL	MARK ALL THAT APPLY 1 <input type="checkbox"/> From SFA-level staff (SFA director, district nutritionist, menu planner, etc.) 2 <input type="checkbox"/> From memory 3 <input type="checkbox"/> From CN labels, USDA Foods Fact Sheets, the Food Buying Guide, or other product information 4 <input type="checkbox"/> Listed on production records 5 <input type="checkbox"/> Listed on recipes 6 <input type="checkbox"/> Other (explain) _____ SKIP TO TARGET WEEK SECTION FOR THIS SCHOOL

	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
NAMES OF SCHOOLS	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____	<input type="checkbox"/> SCHOOL CLOSED\ <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____ _____ _____
8g. Who is the menu planner or the person that can provide meal pattern contributions (or crediting information) for the Menu Survey? Can you give me (his/her) contact information? What is the best way to reach (you/him/her)? We would like (you/him/her) to provide the meal pattern contributions at the end of the target week for the Menu Survey.	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____ d <input type="checkbox"/> DON'T KNOW

TARGET WEEK

We would like to schedule a specific week for schools in your district to complete the menu survey. For logistical reasons, all of the schools should complete the survey the same week. We have the following weeks available:

OPTION 1: |__|__| / |__|__| / |__|__|__|__| 1 Yes 0 No 3 Maybe
 Month Day Year

OPTION 2: |__|__| / |__|__| / |__|__|__|__| 1 Yes 0 No 3 Maybe
 Month Day Year

OPTION 3: |__|__| / |__|__| / |__|__|__|__| 1 Yes 0 No 3 Maybe
 Month Day Year

Those are all the questions we have at this time. We will confirm this information with you in an email. [MAKE SURE WE HAVE AN E-MAIL ADDRESS.] We will also be contacting the person at each school who will be completing the menu survey about [logging onto the survey and completing an online training/completing a hard-copy version of the survey], and will follow up with school principals about identifying a person in each school who can help with some of the data collection activities.

[IF NO NEW SCHOOLS WERE REPORTED] Please let the foodservice managers in the individual schools know that they have been selected for the study and confirm with them the potential target week(s) for the menu survey. Also, please talk to the principal in each school to encourage them to participate in the study and let them know we will be contacting them. I will send you some additional information about the study that you can pass along to the foodservice managers and principals. We may need to contact you for additional information later as we prepare to get in touch with the schools.

[IF NEW SCHOOLS WERE REPORTED] I will get back to you shortly about whether we need to make any changes in the schools that have been selected to participate in the study.

Thank you for your time. (I look forward to speaking with you again soon.) If you have any questions (before we speak again), please call me directly at xxx-xxx-xxxx.

SCHOOL-LEVEL PLANNING

INTRODUCTORY REMARKS

Check on whether respondent was contacted by SFA director and received introductory materials.

If materials haven't been received, send materials via email.

Answer questions respondent may have about the study or about how/why the SFA and the specific schools within the SFA were sampled for the study.

We would like to have someone on your staff coordinate data collection activities with students when our study team is onsite, and complete a form about the different sources of foods and beverages at your school. The school liaison should be someone who is detail-oriented and could provide information in a methodical fashion, such as a teacher, counselor, or administrator. He or she should have familiarity with your school's operations and access to students' schedules and contact information. It does not need to be someone in the food service department.

Coordinating onsite activities may take a few hours for the student and parent recruiting process, preparing for our team to be onsite, assisting with onsite activities, and completing the form about foods and beverages. After data collection we will send the liaison a check as compensation for his or her time.

	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
PRINCIPALS' NAMES AND CONTACT INFORMATION <small>FILL IN FROM ABOVE.</small>	NAME	NAME	NAME	NAME
	PHONE #	PHONE #	PHONE #	PHONE #
	EMAIL	EMAIL	EMAIL	EMAIL
9a. Can you recommend someone at SCHOOL and give me his/her name, title and contact information? What is the best way to reach him/her? <small>MARK PHONE OR EMAIL.</small>	NAME	NAME	NAME	NAME
	TITLE	TITLE	TITLE	TITLE
	1 <input type="checkbox"/> PHONE #	1 <input type="checkbox"/> PHONE #	1 <input type="checkbox"/> PHONE #	1 <input type="checkbox"/> PHONE #
	2 <input type="checkbox"/> EMAIL	2 <input type="checkbox"/> EMAIL	2 <input type="checkbox"/> EMAIL	2 <input type="checkbox"/> EMAIL
9b. What is the best time of day to reach him/her?	DAY	DAY	DAY	DAY
	TIME	TIME	TIME	TIME
	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM
	d <input type="checkbox"/> DON'T KNOW	d <input type="checkbox"/> DON'T KNOW	d <input type="checkbox"/> DON'T KNOW	d <input type="checkbox"/> DON'T KNOW

<p>10a. How about a second person at SCHOOL in case your first recommendation is unavailable? Can you give me his/her name, title and contact information? What is the best way to reach him/her?</p> <p>MARK PHONE OR EMAIL.</p>	<hr/> <p>NAME</p> <hr/> <p>TITLE</p> <hr/> <p>1 <input type="checkbox"/> PHONE #</p> <hr/> <p>2 <input type="checkbox"/> EMAIL</p>	<hr/> <p>NAME</p> <hr/> <p>TITLE</p> <hr/> <p>1 <input type="checkbox"/> PHONE #</p> <hr/> <p>2 <input type="checkbox"/> EMAIL</p>	<hr/> <p>NAME</p> <hr/> <p>TITLE</p> <hr/> <p>1 <input type="checkbox"/> PHONE #</p> <hr/> <p>2 <input type="checkbox"/> EMAIL</p>	<hr/> <p>NAME</p> <hr/> <p>TITLE</p> <hr/> <p>1 <input type="checkbox"/> PHONE #</p> <hr/> <p>2 <input type="checkbox"/> EMAIL</p>
	<hr/> <p>DAY</p> <hr/> <p>TIME</p> <p>1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM</p> <p>d <input type="checkbox"/> DON'T KNOW</p>	<hr/> <p>DAY</p> <hr/> <p>TIME</p> <p>1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM</p> <p>d <input type="checkbox"/> DON'T KNOW</p>	<hr/> <p>DAY</p> <hr/> <p>TIME</p> <p>1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM</p> <p>d <input type="checkbox"/> DON'T KNOW</p>	<hr/> <p>DAY</p> <hr/> <p>TIME</p> <p>1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM</p> <p>d <input type="checkbox"/> DON'T KNOW</p>