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Survey Director for the FFVP-CFD Study

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OMB Control No: 0584-XXXX  
Expiration date: XX/XX/XXXX

Fall 2014

Parent/Guardian: <StudentFirstName> <StudentLastName>  
Student of <TeacherLastName><TeacherFirstInitial>  
<ClassRoomName>  
<School>

Dear Parent/Guardian:

**Your child’s school and school district are participating in a study of the Fresh Fruit and Vegetable Program**, funded by the U.S. Department of Agriculture’s Food and Nutrition Service, which is taking place in elementary schools across the country. Your school and district have given Mathematica Policy Research permission to conduct this study, and we are asking for your permission to include your child in the study.

**If your child participates in the study, he or she will be asked to complete a brief survey** about how well he or she likes the fruit and vegetable snacks offered at school. **Some students will be asked to complete a food diary of what they ate during a school day and a short dietary interview. Students completing the food diary and dietary interview during school hours will receive a \$5 gift card.** The data will be analyzed by the study team to learn about your school’s fruit and vegetable snacks, but no information that directly identifies your child will be shared outside the study team.

Thank you for agreeing for you and your child to participate in **a study of the Fresh Fruit and Vegetable Program**, funded by the U.S. Department of Agriculture’s Food and Nutrition Service, at your child’s school. While your child will not receive any direct benefit from participating, the study will help your district and school improve the fruit and vegetable snacks served by schools that offer the program. Participating in the study poses no risk to you or your child.

**Enclosed is a survey for you to complete, return in the prepay envelope provided, and receive a \$5 gift card.** The survey will ask you to answer some brief questions about the fruit and vegetable snacks at school, such as what you like or dislike about the program and will take no more than five minutes to complete. The data will be analyzed by the study team to learn about your school along with other schools in the study. Information that directly identifies you will not be shared outside the study team. We take confidentiality and security of data very seriously. Information we collect will be kept strictly confidential. Mathematica has strict procedures to store data securely and ensure the confidentiality of you and your child’s information by removing any of your or your child’s identifiers (such as name) before data are analyzed.

Please feel free to contact us with any questions or concerns. For more information about the study please visit the study website at [www.xxxxxx](http://www.xxxxxx). Thank you in advance for your help with this important study.

Sincerely,

Rhoda Cohen

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 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.*