

DOE logo

Date:

Dear Section 619 Coordinator [FIRST NAME] [LAST NAME] of [STATE]:

The U.S. Department of Education (ED) is pleased to inform you of an important new research study. We are conducting the Evaluation of Preschool Special Education Practices to understand curricula and interventions that are used with preschool children with disabilities to promote their learning of language, literacy, and social-emotional skills. This study will provide descriptive information about how, by whom, and in what settings preschool children with disabilities are served.

We are asking for your assistance by completing a 30-minute survey that describes how children with disabilities are served in your state. The information you can provide is critical to the success of this study to improve the education of preschool students with disabilities.

**To complete your survey, simply fill out the editable pdf that was emailed to you and return it to this address: XXXXXXX@XXXX.**

**Why am I required to complete this survey?**

States are required to participate in Department of Education evaluations. Furthermore, providing information on the contexts in which preschool children with disabilities are served in your state will greatly enhance the knowledge base about this vulnerable population. In addition to brief surveys of Section 619 coordinators in all 50 states and the District of Columbia, we will conduct a 60-minute web-survey of preschool special education coordinators in a nationally representative sample of 1,200 school districts to learn more about their specific contexts. [IF STATE HAS SCHOOL DISTRICTS PARTICIPATING IN STUDY] [Below is a list of the school districts in your state that have been selected to participate in this important study:]

[DISTRICT NAME(S)]

If you receive inquiries from local administrators, we appreciate your encouragement of their participation in the survey. Your support is important to the success of the study.

**Can other staff complete sections of the survey?**

Yes, please share this survey with other staff who can help address any questions you are unable to answer.

The U.S. Department of Education thanks you in advance for your participation in this important study. Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Responses to this data collection will be used only for statistical purposes. Personally identifiable information about individual respondents will not be released. Please note that data on state policies and practices may be reported by state. If you have any questions, please contact the study team toll-free at 1-866-XXX-XXXX or via email at [XXXX@mathematica-mpr.com](mailto:XXXX@mathematica-mpr.com). If you wish to complete the survey by phone you can call 1-866-XXX-XXXX Monday – Friday 7:00 a.m. to 6:00 p.m. CST.

Sincerely,

NAME

National Center for Education Evaluation and Regional Assistance  
Institute of Education Sciences, U.S. Department of Education

• According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Education Department General Administrative Regulations, Sections 75.591 and 75.592). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20210-4537 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB control number: XXXXX. Note: Please do not return the completed survey to this address.