



OMB Control No: 0584-0606 Expiration Date: 03/31/2019

## Appendix E-3. Email Caregivers Details for Cognitive Testing

SUBJECT: Summer Meals Study: Instruments Testing

Dear < NAME >

Thank you for taking the time to talk with us about the Summer Meals Study. We are excited that you will participate in the cognitive testing of the data collection instruments.

The testing is scheduled on <date/time> for 1.5 hours at <ADDRESS>. Please remember to bring your <child/teen> with you for the testing.

Let us know if you have any questions or comments.

Sincerely,

**Summer Meals Program Study Director**