

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

[School District Name]  
[School Name]  
[School Address]  
[School Phone Number]  
[Principal name]

**GATEKEEPER:**

Hello my name is \_\_\_\_\_ calling on behalf of the Food and Nutrition Service (FNS) of the Department of Agriculture about the **Evaluation of the Canned, Frozen, or Dried Fruits and Vegetables Pilot Project of the Fresh Fruit and Vegetable Program** (FFVP). FNS has recently contracted with Mathematica Policy Research to conduct an evaluation of this pilot project. I need to speak with [Principal Name]. He/She is aware that [School Name] is participating in the evaluation and should have received an email regarding the study at your school.

**IF GATEKEEPER NEEDS MORE INFORMATION:**

This evaluation will examine the implementation of the pilot project in xxx schools in xx States during the 2014-2015 school year and will assess the impact on participating students, including whether children experienced a change in their consumption of fruits and vegetables at school. I am calling to follow up on an email sent to [Principal Name] regarding the study in your school.

**PRINCIPAL NOT AVAILABLE:**

When is a better time to call back to reach him/her?

RECORD CALLBACK TIME:

DAY/DATE: \_\_\_\_\_ TIME: \_\_:\_\_ AM/PM

**GATEKEEPER ASKS ABOUT STUDY:**

REFER TO FAQs

**PRINCIPAL ON PHONE:**

Hello my name is \_\_\_\_\_ calling on behalf of the Food and Nutrition Service of the Department of Agriculture about the **Evaluation of the Canned, Frozen, or Dried Fruits and Vegetables Pilot Project of the Fresh Fruit and Vegetable Program** (FFVP). I am calling to follow up on an email sent to you regarding your school's participation in this study. Did you receive the email and have a chance to read it?

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*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 20 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.*

**IF DID NOT RECEIVE THE EMAIL OR DIDN'T READ THE EMAIL:**

I can briefly go over the contents of the email. The data collection will begin in September 2014 and will continue in spring 2015. In each school included in the study, we will:

- Randomly select a small number of classrooms and [xx] students in grades (4, 5, and 6) in your school. During the reference week, which we will schedule with you and your staff, a trained interviewer will observe the distribution of free fruit and vegetable snacks in each of the sampled classrooms.
- A letter will be sent to the parent/guardian of each selected student explaining the study and containing a form requesting parental consent. **[IMPLIED CONSENT]:** Your school district requires implied parental consent for their child to participate in this study. **[ACTIVE CONSENT]:** Your school district requires active parental consent for their child to participate in this study. There will be a business reply envelope included for the parent to return the signed consent to Mathematica with no mailing cost to the parent.
- We will ask all students in the selected classrooms to complete a brief survey about their experiences with the fruit and vegetable snack program. The sample of [xx] students in each grade will complete a food diary about food eaten during one school day with the assistance of a trained data collector and then participate in an interviewer-administered dietary recall.

We will ask the school food service manager, a small number of fourth to sixth grade classroom teachers, and parents in the selected classrooms to complete brief surveys.

Finally, we will ask you to complete a self-administered, editable PDF survey about how the FFVP operates in your school.

**AS NEEDED: GAINING COOPERATION:**

As you may know, your school applied and was selected by the USDA Food and Nutrition Service as one of the [xx] schools across the country that are participating in **Evaluation of the Canned, Frozen, or Dried Fruits and Vegetables Pilot Project of the Fresh Fruit and Vegetable Program (FFVP)**. The data from this evaluation will help us learn about how well the program works at your school from you, your staff, your students and their parents. We will observe the distribution and consumption of the free fresh fruit and vegetable snacks and collect brief self-administered surveys with the teachers, students and their parents selected for the study.

**ALL RESPONDENTS: SCHEDULING REFERENCE WEEK:**

We will conduct data collection activities at your school for approximately one week. Can you please tell me the name of a person we may contact to assist us with scheduling the week of data collection and the data collection activities with teachers and the students in their selected classrooms?

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

To finalize the plans for your school, I need about 10 minutes to ask a few questions so that we can design the data collection logistics to minimize burden on teachers, staff and students. Would you prefer to answer these questions or would you prefer that I contact [Name of Liaison]?

- YES, PRINCIPAL WILL ANSWER                       CONTACT LIAISON

**QUESTIONS FOR FINALIZING DATA COLLECTION LOGISTICS**

1. First, did your school participate in FFVP during the 2013-2014 school year?  YES                       NO

IF NO, PLEASE CONFIRM ANSWER. I need to speak with the survey director to best determine what we should do next. I will get back to you within a day or so.

- 2a. Can you briefly tell me how your school will implement the standard Fresh Fruit and Vegetable Program this fall?

- 1) How many times a day are fruit and vegetable snacks distributed?  1                       2    It varies  
 2) When are snacks usually distributed? |\_\_|\_\_|: |\_\_|\_\_| AM   |\_\_|\_\_|: |\_\_|\_\_| PM  
 3) Does this vary by day?  YES  NO → GO TO Q.2a5

- 4) IF YES:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

- 5) Where are snacks distributed?

- Classrooms                       Cafeteria                       Kiosk in hall    Other \_\_\_\_\_

- 6) Will 4th to 6th grade students usually be in their homeroom class locations when snacks are distributed (includes students who go from their classroom to the cafeteria or kiosk to pick up the FFVP snack)?

- YES  
 NO → Where will they be? \_\_\_\_\_  
 MAYBE → Where else might they be? \_\_\_\_\_

- 2b. Can you briefly tell me how your school will implement the Canned, Frozen or Dried Fruits and Vegetables pilot in the spring?  YES    HAVEN'T YET DETERMINED → GO TO Q.3

- 1) How many times a day will fruit and vegetable snacks be distributed?

- 1                       2                       It varies    Undecided at this time/don't know

- 2) When will snacks usually be distributed?

- |\_\_|\_\_|: |\_\_|\_\_| AM  
 |\_\_|\_\_|: |\_\_|\_\_| PM    Undecided at this time/don't know

3) Will this vary by day?  YES  NO → GO TO Q.2b5, next page

Undecided at this time/don't know → GO TO Q.2b5, next page

4) IF YES:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

5) Where will snacks be distributed?

Classrooms  Cafeteria  Kiosk in hall  Other \_\_\_\_\_

6) Will 4th to 6th grade students usually be in their homeroom class locations when snacks are distributed?

YES

NO → Where will they be? \_\_\_\_\_

MAYBE → Where else might they be? \_\_\_\_\_

3. What are the official opening and closing times for your school?

|\_\_|\_\_|: |\_\_|\_\_| AM To: |\_\_|\_\_|: |\_\_|\_\_| PM

4. How many 4th grade classrooms do you have? |\_\_|\_\_| CLASSROOMS

OTHER → GO TO Q.8

4a. On average, how many 4th graders are in each classroom? |\_\_|\_\_| STUDENTS

5. How many 5th grade classrooms do you have? |\_\_|\_\_| CLASSROOMS

5a. On average, how many 5th graders are in each classroom? |\_\_|\_\_| STUDENTS

6. How many 6th grade classrooms do you have? |\_\_|\_\_| CLASSROOMS

6a. On average, how many 6th graders are in each classroom?

|\_\_|\_\_| STUDENTS → GO TO Q.8

7. Could you describe how your 4th to 6th grade classes are organized (i.e., are there any mixed grade classrooms, do students change classrooms for certain subjects).

8. Please give me the name and contact information for your Food Service Manager.

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

9. When is the best time to recontact you if I have additional questions?

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

OTHER TELEPHONE NUMBER: \_\_\_\_\_

10. Do you have any questions for me?

Once we finalize our plans for data collection at [SCHOOL NAME], we will recontact you to confirm arrangements for our visit this fall. We look forward to your participation in this evaluation. Thank you for your time.