

PARENT INFORMATION AND SCHOOL
CHOICE EVALUATION SURVEY

STUDY

LOGO

**ATTENTION: PARENTS OF SCHOOL-
AGE CHILDREN (CHILDREN IN
GRADES K-12)**

Please join us to take a 40-minute survey for the
Parent School Choice Evaluation Study!

WHERE: [insert location with address]

WHEN: [insert date and insert time]

The survey asks about your thoughts and perspectives as a parent or guardian on choices for your children's education. There are no right or wrong answers. Staff on-site will be there to help you.

You will receive a \$30 gift card immediately after you finish the survey.

Your participation is voluntary. All information from the study will be kept confidential as required by the Education Sciences Reform Act of 2002 (Title I,

Part E, Section 183). If you have any questions, please contact [Lisbeth Goble, (312) 994-1016].

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this collection of information is estimated to average 40 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Meredith Bachman at 202-245-7494 or Meredith.Bachman@ed.gov and reference the OMB Control Number xxx-xxxx.