

APPENDIX 5

**FOLLOW-UP REMINDERS FOR
PROGRAM AND CENTER DIRECTOR NON-RESPONDERS**

Note: Follow-up reminders will only be used for the mailed surveys to program or center directors. They will not be needed for onsite data collection.

Subject Line: Your Participation Needed

OMB #0970- XXXX
Expiration Date XX/XX/XXXX

Dear [Grantee/Delegate Agency or Center Director Name]:

The U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) needs your help! Please complete and return your Director Survey for the Migrant and Seasonal Head Start (MSHS) Study using the prepaid envelope provided to you **by [DATE]**.

This study will describe the characteristics and experiences of the children and families who enroll in MSHS as well as MSHS programs and services. Your participation is very important to the study's success and to helping MSHS to better serve the needs of migrant and seasonable children and families.

The survey will take about 40 minutes of your time to complete. The information that you provide will be kept private. Your participation is voluntary; however, it is extremely important and will provide valuable information that can help to strengthen MSHS services for children and families in the future.

Study staff is happy to answer questions about the study and your participation in the study. If you have misplaced your survey or have any questions, you can contact us toll-free at XXX-XXX-XXXX or by email at XXX@westat.com.

We look forward to receiving your survey! Thank you in advance for your help with this important study!

Sincerely,

Linda Caswell, Ed.D.
MSHS Study Director, Abt Associates

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

Subject Line: Don't Forget! Time Is Running Out for the MSHS Study!

OMB #0970- XXXX
Expiration Date XX/XX/XXXX

Dear [Program or Center Director Name]:

Time is running out! Please complete and return your Director Survey for the Migrant and Seasonal Head Start (MSHS) Study using the prepaid envelope provided to you **by [DATE]**.

This study is sponsored by the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF). The survey will take about 40 minutes to complete.

All information that you provide will be kept private and your participation is voluntary. However, your voice is extremely important to us! Your participation can help MSHS to better serve the needs of children and families in the future!

Study staff is happy to answer questions about the study and your participation in the study. If you have misplaced your survey or have any questions, you can contact us toll-free at XXX-XXX-XXXX or by email at XXX@westat.com.

We look forward to receiving your survey! Thank you in advance for your help with this important study!

Sincerely,

Linda Caswell, Ed.D.
MSHS Study Director, Abt Associates

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

Subject Line: Join Your Fellow MSHS Grantee/Delegate [or Center] Director Colleagues in completing the MSHS Study Survey!

OMB #0970- XXXX
Expiration Date XX/XX/XXXX

Dear [Program or Center Director Name]:

Many of your fellow MSHS colleagues have already completed and returned their Director Surveys for the Migrant and Seasonal Head Start (MSHS) Study! We hope we can soon count you among them and you will complete your Director Survey **by [DATE]**. Without your program's perspective, our picture of MSHS will be incomplete!

This study is funded by the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF). Your participation and every Director's participation is very important to the study's success and to helping MSHS to better serve the needs of children and families in the future. The study will describe the characteristics and experiences of the children and families who enroll in MSHS as well as MSHS programs and services.

The survey will take about 40 minutes to complete and you can return it to us using the prepaid envelope provided to you. All information that you provide will be kept private, and your participation is voluntary, however your voice is extremely important to us!

Study staff is happy to answer questions about the study and your participation in the study. If you have misplaced your survey or have any questions, you can contact us toll-free at XXX-XXX-XXXX or by email at XXX@westat.com.

We look forward to receiving your survey! Thank you in advance for your help with this important study!

Sincerely,

Linda Caswell, Ed.D.
MSHS Study Director, Abt Associates

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

Subject Line: Follow up reminder from ACF leadership

OMB #0970- XXXX
Expiration Date XX/XX/XXXX

Dear [Grantee/Delegate Agency or Center Director Name]:

We are excited to share some updates with you about the Migrant and Seasonal Head Start (MSHS) Study! So far:

- X% of **program directors** have completed surveys,
- X% of **center directors** have completed surveys,
- X% of **teachers** have completed surveys,
- X% of **assistant teachers** have completed surveys,
- X% of **parents** have completed interviews,
- X% of **children** have completed assessments.

Every voice counts! Thank you to everyone who has already participated. If you have not already done so, please take about 40 minutes to complete and return your Director Survey **by [DATE]**, using the prepaid envelope provided to you. Please also encourage your centers to help us achieve even higher response rates.

As a reminder, this study will describe the characteristics and experiences of the children and families who enroll in MSHS as well as MSHS programs and services. Your participation is voluntary, but very important to the study's success and to helping MSHS to better serve the needs of migrant and seasonable children and families. The information that you provide will be kept private to the extent allowable by law.

Study staff is happy to answer questions about the study and your participation in the study. If you have misplaced your survey or have any questions, you can contact the study team toll-free at XXX- XXX-XXXX or by email at XXX@westat.com.

Thank you in advance for your help with this important study!

Sincerely,

Sandra Carton
Regional Program Manager, Migrant and Seasonal Head Start
Office of Head Start

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0XXX and the expiration date is XX/XX/XXXX.