D4. ELEMENTARY AND MIDDLE/HIGH SCHOOL PARENT (HOUSEHOLD) ADVANCE LETTER- ENGLISH (GROUP 2)





OMB Control Number: 0584-XXXX Expiration Date: XX/XX/XXXX

Dear [PARENT/GUARDIAN]:

[SCHOOL/DISTRICT NAME] is part of the School Nutrition and Meal Cost Study-II (SNMCS-II). This important study for the U.S. Department of Agriculture (USDA)/Food and Nutrition Service (FNS) is being conducted by Mathematica Policy Research, a research firm that has conducted many studies on this subject. FNS oversees school meal programs nationally. Schools are working to follow rules designed to offer children healthier foods. Schools are also working to promote healthy eating and exercise habits. FNS is sponsoring this study to learn about the nutritional needs of students across the country, and your satisfaction with school meals.

Your child has been selected for the study. Interviewers from Mathematica will visit your school in the next few weeks. They will meet with students and staff, and contact parents by telephone. *Mathematica interviewers will meet with students who eat school meals and those who do not eat them.* If you choose to participate, you will receive a (ELEMENTARY: \$25; MIDDLE/HIGH: \$15) gift card to thank you for your help. Your child will also receive a (ELEMENTARY: \$5; MIDDLE/HIGH: \$15) gift card for taking part in the study. Study participation includes these two steps:

"What I ate" Survey

[ELEMENTARY] Students, with help from their parents, will report what they ate and drank on one particular day. The "What I ate" survey has two parts. Part 1 will be completed with your child at school on the selected day. Part 2 will be completed by telephone with your help on the following day. We can schedule this at a convenient time for you. Some students and parents may be asked to complete the survey a second time a few days later by telephone. These families will receive an extra \$25 thank you gift card. More information about this second survey will be provided during the first survey.

[MIDDLE/HIGH] Students will report what they are and drank on one particular day. The "What I ate" survey will be completed with your child at school on the selected day. Some students may be asked to complete the survey a second time a few days later on the phone. These students will receive an extra \$15 thank you gift card. More information about this second survey will be provided during the first survey.



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 5 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. All information will be kept private under the Privacy Act to the extent allowed by law. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Student and Parent Interviews

Our interviewers will hold a short interview with your child after finishing (ELEMENTARY: the student part of) the "What I ate" survey. They will ask your child's opinion of school meals and reasons for choosing or not choosing them. Your child's height and weight will be measured. Your child will receive a (ELEMENTARY: \$5; MIDDLE/HIGH: \$15) gift card after the in-person interview. Our study team will email or call you on the phone for your interview. They will also ask your opinion on school meals.

Taking part in the study is voluntary. The "What I Ate Survey" and interview will take about 60 minutes of your child's time and (ELEMENTARY: 40; MIDDLE/HIGH: 25) minutes of your time. All information you provide will be kept private and used for statistical purposes only. Neither you nor your child will be named. No personal information will be shared outside the study unless required by law. Taking part in the study does not affect any benefits you may receive. You and your child can skip any questions you do not wish to answer. [IF PASSIVE CONSENT: If you do not wish to take part in the study at all, please complete and return the enclosed form. / IF ACTIVE CONSENT: Please complete and return the enclosed form so we know your decision about participating in the study.] We cannot ensure that all willing households will be in the study. However, Mathematica will try to include all eligible households.

Thank you for helping with this important study. Your participation will help us learn how schools can best support the health of children. We have enclosed a brochure about the study. You can also call us toll free at (800) XXX-ZZZZ.

Sincerely,

Sarah Forrestal, SNMCS-II Survey Director