**Attachment F**

OMB Control No.: 0920-XXXX

Expiration date: XX/XX/XXXX

**School District Feedback Form**

**(done via email or phone)**

Public reporting burden of this collection of information is estimated to average 15 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.  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.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

**School District Feedback Form**

**(done via email or phone)**

*As we evaluate the feasibility of this school nurse-led surveillance process we would like to learn more about its feasibility from a district level by asking you a few questions Your answers will be used to help us tweak the process and provide insight in what to include in a guidance manual that other districts who want to use this process would follow. Answers will only be shared in aggregate form from all districts-no personal identifying information will be used.*

Briefly describe how your district was impacted by the tool?

What changes had to be made to the way students who were chronically absent tracked? Or how the information was provided to the school nurse?

(if changes had to be made-could you estimate the time it took)?

How did the school nurse efforts impact the larger effort in your district to address chronic absenteeism?

What other information or guidance would be helpful to the district related to this process?

What other insights or feedback would you like to share on the process