## **R3-Impact Validation Interview Script**

Respondent's Name: < <first name="">&gt; &lt;<last name<="" th=""><th><pre>e&gt;&gt; Abt ID: &lt;<abtid>&gt;</abtid></pre></th></last></first>	<pre>e&gt;&gt; Abt ID: &lt;<abtid>&gt;</abtid></pre>			
Phone 1: < <primary phone="">&gt;</primary>	State: < <state>&gt;</state>			
Phone 2: < <secondary phone="">&gt;</secondary>				
Language: < <language>&gt;</language>				
Interview Completion Date: << Date Completed>>	Interview Location: < <fim>&gt;</fim>			
Interviewer's Name: < <fi name="">&gt;</fi>				
Validated By:	Validation Date:			
Interview was: ☐ Validated ☐ Not Val	dated			

Your Initials	Day/ Date	Time am/pm	Comments	Status

Hello, my name is	May I speak with < <first name="">&gt; &lt;<last name="">&gt;?</last></first>
	< <last name="">&gt; participated in a survey with my company—Abt g up as part of a routine check on the quality of the work done by our</last>
Completed>> as part of a surv	Abt Associates and my records show that you were interviewed on < <date [public-facing="" a="" and="" by="" calling="" check="" done="" ey="" few<="" have="" i'm="" just="" name]="" of="" on="" our="" project.="" quality="" regarding="" staff="" study="" td="" the="" tine="" to="" work=""></date>
☐ Yes	ne survey with you at a time that was convenient for you?
2. Was s/he polite and courteous  Yes No (obtain details)	s with you?
3. What is the highest degree or	year of school that you have attained? [select one]
☐ Less than a high☐ High school diplo☐ Some college or☐ Associate degree☐ Bachelor degree	oma or equivalent technical training e or other two-year degree
FROM CAPI: < <answer></answer>	·>
[IF NECESSARY]: Did thi (Obtain Details)	is change since < <date completed="">&gt;?</date>
4. What is your current marital s	 tatus? Are you [select one]
☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married ☐ PREFER NOT TO	

5. Were you offered a token of appreciation, of any form, to thank you for spending the time answering the survey questions?

FROM CAPI: << Answer>>

(Obtain Details)

[IF NECESSARY]: Did this change since << Date Completed>>?

☐ Yes (If Yes, what were you given?	
☐ No (obtain details)	
Those are all the questions I have. Thank you, again!	

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): This collection of information is voluntary and will be used to understand programs that provide peer mentoring for parents involved in the child welfare system. Public reporting burden of the described voluntary collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering, and maintaining the data needed, 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. The OMB number and expiration date for this collection are OMB #: XXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kimberly Francis (Abt Associates) 617-520-2502.