APPENDIX D01. SCHOOL ROSTER DATA REQUEST (GROUP 2A and 2B)

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OMB Number: 0584-xxxx

Expiration Date: xx/xx/20xx

This information is being collected to assist the Food and Nutrition Service in understanding school food purchasing practices, the nutritional quality of school meals and snacks, the cost to produce school meals, and student participation and dietary intakes. This is a mandatory collection and FNS will use the information to monitor program operations. This collection does request any personally identifiable information under the Privacy Act of 1974. 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 1 hour 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. 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, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Conducted on behalf of the USDA Food and Nutrition Service

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| **DATA FILE REQUEST** |
| Thank you for participating in the 2024-2025 National School Foods Study! As part of the study we will need to collect a list of students in your school. The list will be used to randomly select students to participate in the study. Lists should reflect your most current roster information and include **[Group 2A only:** **all students currently enrolled in grades 1 through 12] [Group 2B only: all students currently enrolled in grades 1 through 6]**, excluding preschool and kindergarten students when applicable.  Please provide the roster information listed on the following page for each student. For some fields we have provided recommended values in italics. If you use different values, please provide documentation. **You may upload the roster data in Excel, .csv, or .txt format**.  **Please provide this file by [DATE],** to allow time for us to select students for participation in the study and send study materials to parents/guardians before your school visit.  Once completed, please upload the data file to our secure file transfer website:  [LINK]  **To securely upload:** Navigate to the above site and choose [FILL INSTRUCTIONS]. Then login with the following user name. **Your password will be sent in a separate email for security purposes.**  Username:  After logging in, click on your folder (labeled with your school name), click “+ new document,” browse to find and open the file saved on your computer, then select OK. You should see the file listed after it is uploaded.  This is a secure site that will help protect the privacy of the data, which will not be shared outside of this study. If you have any questions about completing this data request, please contact [DCC NAME] at [DCC PHONE NUMBER], or email [schoolmeals@mathematica-mpr.com](mailto:schoolmeals@mathematica-mpr.com).  **\*\*\*Please DO NOT email the data file\*\*\*** |

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| **REQUESTED DATA ITEMS** |

**Current Student-Level Roster Information**

Please provide the roster information listed below for each student. This information will be used only to select students to invite to participate in the study. Students and their families will have the option not to participate in the study. No roster information will be retained on students who do not consent to participate in the study.

While students will be interviewed during the school day, obtaining parent feedback about school meals is also an important part of the study. Therefore, we need parent/guardian phone numbers to contact parents after the school visit. The Memorandum of Understanding with your school district permits the release of this information.

**All students Grades 1 through [G2a: 12; G2b: 6] (exclude PK and Kindergarten students):**

**Required fields for each student:**

* School Student ID Number
* Student First Name
* Student Last Name
* Grade *(1-12)*
* Parent/Guardian1 First Name
* Parent/Guardian1 Last Name
* Parent/Guardian1 Address *(Street Address, City, State, and Zip Code)*
* Parent/Guardian1 Primary Telephone Number

**If available, please also include:**

* Gender
* Race/Ethnicity
* Date of Birth
* Student Certification Status *(Free, Reduced-Price, or Paid/Full-Price)*
* Student Language *(English/Spanish/Other)*
* Student's Address (Street Address, City, State, and Zip Code)
* Student Telephone Number
* Student Email Address
* Parent/Guardian1 Secondary Telephone Number
* Parent/Guardian1 Email Address
* Parent/Guardian1 Language *(English/Spanish/Other)*
* Parent/Guardian2 First and Last Name
* Parent/Guardian2 Address (Street Address, City, State, and Zip Code)
* Parent/Guardian2 Primary Telephone Number
* Parent/Guardian2 Secondary Telephone Number
* Parent/Guardian2 Email Address
* Parent/Guardian2 Language (*English/Spanish/Other)*