Form Approved OMB No. 0920-xxxx Expiration Date: xx/xx/xxxx

High School Student Dietary Behavior Validation Study

Attachment H2

Permission Form Tracking Log for the Validation Study

Form Approved OMB No.: 0920-xxxx

Expiration Date: xx/xx/xxxx

Public reporting burden for 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, GA 30333; Attn: OMB-PRA (0920-xxxxx)

Permission Form Tracking Log

State: School Name:		Date of Survey Administration:					
Teacher:	Grade(s): C	lass:		_ Period:		
Prior to survey administration, please fill out columns 1-5.							
This form will be collected by the study representative visiting your school for the High School Student Dietary Behavior Validation Study. Please use it to track parental permission forms once you have distributed them to students.							
 Column 1: Please print student name (or identifier) of all students officially on your class roster. Column 2: Record date permission form reminder sent. Column 3: For any student who returns the permission form marked "No," put a check mark. Column 4: For any student who returns the permission form marked "Yes," put a check mark. Column 5: Indicate which, if any, of the codes listed below apply to students officially on your class roster. CCI – Cannot Complete Independently DS – Dropped School EA – Extended Absence MA – Moved Away DC – Dropped Class E – Expelled OSS – Out of School Suspension ISS – In School Suspension 							
 Column 6: On the day of survey administration, the study representative will work with you to complete Column 6. You will use the following codes to indicate the reason a student did not participate. <i>If a code was previously used for a student, you will not need to indicate another code.</i> A – Absent NFR – No Permission Form Returned PR – Parent Refusal SR – Student Refusal TAC – Took in Another Class 							
Column #1 Student Name or Identifier	Column #2 Date Reminder Sent	Column #3 Che ck if Permission Form was Returned "No"	Column #4 Che ck if Permission Form was Returned "Yes"	Column #5 Student Codes	Column #6 Stu dent IS Eligible for Make-Up (A, ISS, SR, or NFR only)		
1.							
2.							
3.							

5. 6. 7. 8. 9. 10. 11. 12. 13.

15.								
16.			_					
	Column #1 Name or Identifier	Column #2 Date Reminder Sent	Column #3 Che ck if Permission Form was Returned "No"	Per Fo Re	Column #4 Che ck if rmission rm was eturned "Yes"	Columi Student		Column #6 Stu dent IS Eligible for Make-Up (A, ISS, SR, or NFR only)
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44.								
45.								
46.								
	For Office Use Only							
Number of	Number of	Number of	Number			er of No		nber of Other

Student Refusals

(SR)

Completed

Surveys

Eligible Students

Parent Refusals

(PR)

Form Returned

(NFR)

Non-Survey

Takers (A, ISS)
