

Attachment B – Teacher Letter, Survey for Participation in Focus Groups and Informed Consent Form (Teacher Consent Package for Focus Groups Only)

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are 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 0584-0523. The time to complete this information collection is estimated as part of the 10 minutes for the screener, including the time for reviewing instructions and completing the information.

[DATE], 2013

Dear Teacher,

My name is [Researcher's Name] and I work for the Michael Cohen Group, a research firm that specializes in children, education and media.

We are currently working with your child's school to develop nutrition lessons and materials for kindergarten students. The United States Department of Agriculture (USDA) is sponsoring this effort. We are interested in getting feedback from teachers about these materials.

Specifically, the lessons will be developed based on the MyPlate guidelines for making healthy food choices and will include lessons plans, a poster, music, activities, a story, and information for parents/caregivers. It is important for us to get teacher feedback so the final products are relevant, meaningful, and easy-to-use. **To this end, we will be conducting focus groups with kindergarten teachers at a school near you.**

If chosen to participate, you will receive \$50 as a token of appreciation.

Included with this letter you will find a consent form with additional information and a brief survey. If you would like to participate, please complete these forms and return them to your principal.

Thank you for your consideration and we look forward to working with you.

[Researcher's Name]

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Teacher Survey for Participation in Focus Groups

Please choose the option that best answers each question for you.

- 1) **How many students are in your class?** _____
- 2) **Is the Kindergarten program at your school full or half day?** _____
- 3) **Do kindergarteners eat lunch at your school?** Yes / No
- 4) **Do students have the option to eat breakfast at your school?** Yes / No
- 5) **How many years have you been teaching?**
 - () First year
 - () 2-5 years
 - () 5-10 years
 - () Over 10 years
- 6) **Ethnicity**
 - () Hispanic or Latino
 - () Not Hispanic or Latino
- 7) **Race (select one or more)**
 - () American Indian or Alaskan Native
 - () Asian
 - () Black or African American
 - () Native Hawaiian or Other Pacific Islander
 - () White
- 8) **What is your current age?**
 - () Under 20
 - () 20-29
 - () 30-39
 - () 40-49
 - () 50+
- 9) **What is your gender?**
 - () Female
 - () Male

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Teacher Informed Consent Form

STUDY TITLE: Formative Research for MyPlate Kindergarten Curriculum Materials

PROTOCOL NUMBER: 251G

PRINCIPAL INVESTIGATOR: Michael Cohen, Ph.D.

TELEPHONE: 212-431-2252

ADDRESS: Michael Cohen Group LLC
375 West Broadway, Suite 502
New York, NY 10012

BACKGROUND AND PURPOSE:

You are invited to participate in a research study conducted by Michael Cohen Group as part of a United States Department of Agriculture (USDA) sponsored effort to develop nutrition lessons for kindergarten children. Michael Cohen Group is an international research firm that specializes in children, education and media.

We are working to help develop nutrition lessons that include activities, a song, a poster, a story, and a parent handout that teach children about making healthy food choices, the five food groups, and MyPlate. If you participate, you will be asked questions about the draft materials as well as nutrition education in general.

PROCEDURES:

As part of this research project, you will be asked to participate in a focus group interview about the nutrition lesson activities and materials. The interview will be done in a group setting with other kindergarten teachers like you. The interview will last about 90 minutes. About 30 teachers will participate in total, 10 per group. The interview will be audio-recorded for research purposes only.

POSSIBLE RISKS AND BENEFITS:

We do not anticipate any risks associated with being in this study. We do not promise that you will receive any benefits from this study. However, we do anticipate that most people will enjoy participating in the research process.

STIPEND:

At the end of the research activities, you will receive \$50 as a token of appreciation.

PARTICIPANTS' RIGHTS:

Participation in this study is voluntary. We will not work with you unless you give your consent. You have the right to change your mind and withdraw your consent or discontinue participation at any time without any penalty or loss of the benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions.

Your name, addresses, and phone numbers will only be used to contact you about this research activity. They will not be given to anyone else for other purposes. The research may be audiotaped for research purposes only. Your name will never be used in any reports of our research findings. Your information will be kept secure and only used for research purposes, except as otherwise required by law. All data will be identified only by an ID number, not by any name.

CONTACT INFORMATION:

Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, please contact the Principal Investigator, at the telephone number listed on the first page of this form.

If you have any questions or complaints about your rights as a research subject, contact:

- **Mail:**
Study Subject Adviser
Chesapeake Research Review, Inc.
7063 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- **Call collect:** 410-884-2900
- **Email:** adviser@irbinfo.com

Teacher Informed Consent Form

Please complete the section below if you agree to participate and return it to your principal. Please keep the previous pages for your records.

I, _____, agree to participate in this research
[your name]
project with the Michael Cohen Group. I understand that I may stop participation at any time.

Signature

Date

Phone (for focus group scheduling only)

Email Address (for focus group scheduling only)