

Site: \_\_\_\_\_  
Date: \_\_\_\_\_

OMB Control # 0584-0524  
04/30/2013

**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 0584-0524. 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], 2011

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 school to develop effective ways to talk with children about nutrition. This effort is being sponsored by the United States Department of Agriculture. To this end, we are interviewing 5<sup>th</sup> and 6<sup>th</sup> grade children and their parents and teachers to help develop hands-on strategies that are educational and relevant for children and parents and convenient for teachers.

Your participation will be to support recruiting parents and children. Specifically, you would be responsible for:

1. Distributing packets (containing the Letter of Invitation, parent response form, and parent/caregiver consent form) to each of their students to take home to their parents
2. Collecting signed forms from students
3. Returning the completed forms to the principal after the agreed upon due date

You may also be selected for an interview that will take approximately 90 minutes. For your participation in this study you will receive \$50.

Included with this letter you will find a consent form with additional information and a screener. 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) What grade do you currently teach

- 5<sup>th</sup> Grade
- 6<sup>th</sup> Grade
- 7<sup>th</sup> Grade
- 8<sup>th</sup> Grade

2) Please indicate what type of school.

- Public
- Private
- Charter
- Other \_\_\_\_\_

3) How many years have you been teaching

- First year
- 2-5 years
- 5-10 years
- Over 10 years

4) Which of the following represents the level of formal education you have completed to this point?

- Have completed some high school
- Have a high school diploma
- Have completed some college
- Have a college degree
- Have completed some graduate work
- Have a graduate degree or more

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### ***Teacher Informed Consent Form***

**STUDY TITLE:** Project JMH Gardening: Formative Curriculum Research

**PROTOCOL NUMBER:** 229G

**PRINCIPAL INVESTIGATOR:** Michael Cohen, Ph.D.

**TELEPHONE:** 212-431-2252

**ADDRESS:** SoHo Research Centre  
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 sponsored effort to develop strategies and hands-on activities to help 5<sup>th</sup> & 6<sup>th</sup> grade students learn more about nutrition. Michael Cohen Group is an international research and consulting firm that specializes in children and educational programs.

We are currently researching various aspects of nutrition and nutritional education for 5<sup>th</sup> and 6<sup>th</sup> grade children. If you participate, you will be asked questions about this topic. We are most interested in your opinions about and experience with nutrition programs and messages for children and families.

**PROCEDURES:**

As part of this research project, you will be asked to join a researcher in a room and participate in an interview about nutrition. The interview will be done in a group setting with other 5<sup>th</sup> & 6<sup>th</sup> grade teachers like you. The interview will last about 90 minutes. About 18 teachers will participate in total.

**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.

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**REIMBURSEMENT:**

At the end of the research activities, you will receive \$50.

**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 comments will be kept secure and only used for research purposes, except as otherwise required by law. Your name will not be divulged in any reports of this research. All data will be identified only by an ID number, not by any name. The research may be audiotaped or videotaped for research purposes only. Any audio or videotapes collected as part of the research will be destroyed once the study analysis is complete.

**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](mailto:adviser@irbinfo.com)

**Please complete the section below if you agree to participate.**

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

**A copy of this consent form will be given to you to keep.**