

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

OMB Control #: 0584-0524  
Expiration Date: 04/30/2013

### Attachment A – Teacher Letter

**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], 2012

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 looking for 5<sup>th</sup> and 6<sup>th</sup> grade teachers who can lead a 10-week school garden-based nutrition curriculum that will be integrated into your normal classroom lessons.

Your participation will be to support recruiting parents and children, and leading the 10 weekly lessons. 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
4. Preparing for and teaching the ten (10) lessons during class time
5. Complete a brief educator journal about each lesson
6. Complete a brief survey about the curriculum and your experience
7. Complete an in-depth phone interview about your experience with the lessons
8. Distributing and collecting student surveys before the first and after the last lesson.

For your participation in this study, you will a \$125 cash stipend as a token of our appreciation.

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]

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

OMB Control #0584-0524  
Expiration Date: 04/30/2013

### Attachment A – Teacher Survey for Participation in Phone Interview

**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.

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

2) Please indicate the type of school in which you teach.

- 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 highest 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

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

OMB Control #0584-0524  
Expiration Date: 04/30/2013

### Attachment A – Teacher Informed Consent Form

**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.

STUDY TITLE: Project JMH Gardening: Pilot 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 a nutrition curriculum for 5<sup>th</sup>-6<sup>th</sup> grade children. Michael Cohen Group is an international research and consulting firm that specializes in children, education and media.

We are currently working to develop an effective and easily integrated 10-week nutrition curriculum for 5<sup>th</sup>-6<sup>th</sup> grade children, based on the MyPlate.gov suggestions for healthy eating. If you participate, you will be asked to conduct ten (10) nutrition lessons and talk about your experiences with each lesson. We are interested in the opinions of 5<sup>th</sup>-6<sup>th</sup> grade teachers concerning the ease of use of the lessons, children's response to the lessons, parents' participation through blogs and wikis, and the curriculum more generally. You will be asked questions about these topics.

#### **PROCEDURES:**

As part of this research project, you will be asked to conduct ten (10) nutrition lesson plans based on the MyPlate.gov suggestions for healthy eating. Before the first lesson and after the final lesson, you will be responsible for distributing and collecting a brief survey for your students. After each lesson, you would be expected to complete notes on the experience with the lesson in an educator journal. Upon completion of the ten (10) lessons you will be asked to complete a brief survey about your experience and take part in a one-on-one in-depth phone interview about your experience with the lessons that will last 30 minutes. Additionally, you will be responsible for distributing and collecting consent forms to parents for children's participation in the research. Your classroom will be observed three times for the purpose of gathering feedback, but you will not have to prepare any additional materials for the observations.

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

OMB Control #0584-0524  
Expiration Date: 04/30/2013

**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 \$125.

**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.**