

Site: _____
Date: _____

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

Attachment B – Parent/Caregiver 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 15 minutes for the screener, including the time for reviewing instructions and completing the information.

[DATE], 2012

Dear Parent,

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 effective ways to talk with children about nutrition. This effort is being sponsored by the United States Department of Agriculture (USDA). As part of your child's normal classroom instruction, we are piloting a curriculum for 5th and 6th grades that teaches children about healthy eating through gardening and classroom lessons in a way that also meets science, math and English/language arts requirements.

To help inform the development of the curriculum, we are requesting your consent to have your child complete short surveys in class, before and after the unit is taught. We are also interested in getting parent feedback on the curriculum's "at home" components.

For your participation in this study, you will receive \$20 as a token of our appreciation.

Included with this letter you will find consent forms, a brief survey and additional information. If your child wishes to participate, please complete the parent consent for child participation form. If you would be willing to participate in a brief telephone interview after your child completes the lessons, please complete the parent consent form.

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

[Researcher's Name]

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Attachment B – Parent/Caregiver Survey for Participation

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

- 1) Are you the parent or guardian of any children in the 5th or 6th grade who live at home with you?
 yes
 no

- 2) Please indicate the ages and gender of all children who are in the 5th or 6th grade living at home with you.
Age 9 boy / girl
Age 10 boy / girl
Age 11 boy / girl
Age 12 boy / girl

- 3) Ethnicity
 Hispanic or Latino
 Not Hispanic or Latino

- 4) Race (select one or more)
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

- 5) Into which of the following categories does your annual household income fall?
 Under \$20,000
 \$20-\$39,000
 \$40-49,999
 \$50-79,999
 \$80-99,999
 \$100-\$120,000
 Over \$120,000

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- 6) 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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Attachment B – Parent/Caregiver Informed Consent Form

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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:

We are currently working with your child's school to pilot a curriculum for 5th and 6th grade children that teaches children about healthy eating through gardening and classroom lessons.

PROCEDURES:

As part of this research project, you may be asked to participate in a phone interview about your child's experience in the nutrition lessons and your experiences with the take home materials. The interview will last about 20 minutes. About 18 parents 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.

COMPENSATION:

At the end of the research activities, you will receive \$20 as a token of our 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 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

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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

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.

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Attachment B – Parent/Caregiver Informed Consent Form for Student

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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:

We are currently working with your child's school to pilot nutrition lessons for 5th and 6th grade students to encourage life-long appreciation for fruits and vegetables.

PROCEDURES:

As part of this research project, a brief survey will be handed out by your child's teacher both before and after the nutrition lessons. Your child will complete the survey during class time and give the completed survey back to their teacher. All of the questions will be on nutrition-based topics. Your child's entire class is being asked to participate in the nutrition lessons as part of their regular curriculum.

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.

COMPENSATION:

At the end of the research activities, your child's school will receive \$500.

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

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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

Please discuss this study with your child. Please complete the section below if you agree to allow your child to participate.

My child, _____, has my permission to
[Name of Child]

participate in this research project with the Michael Cohen Group. I have also discussed the study with my child and s/he has indicated that s/he would like to participate in the study. My child and I both understand that either of us may stop my child's participation at any time.

Child's Date of Birth: _____ Child's age: ____ years, ____ months.
[Month/Day/Year]

Signature(s) of Parent(s) or Legal Guardian

Date

Print First and Last name of Parent or Legal Guardian

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