

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 0584-0606. The time required to complete this information collection is estimated to average 15 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Attachment F

PARENT/GUARDIAN CONSENT FORM FOR STUDENT PARTICIPATION IN FOCUS GROUPS

School name: _____

Date: _____

WHY WE ARE CONDUCTING RESEARCH

U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) and our contractors KRC is conducting these discussion groups for the to hear from students directly about their ideas and interests regarding nutrition and exercise. Your child's feedback is very important to this research and will directly shape the final program.

We are holding small discussion groups, sometimes called "focus groups," in select schools with teenagers to hear their opinions on healthy eating and physical activity, as it relates to a program that is being taught on this topic in your child's health class at school. We are interested in teenagers experiences related to this class in order to learn how to make it a valuable student experience.

Each student chosen to provide their opinions and ideas in these discussion groups will participate in two groups--one at the beginning of the start of the class [in August], and another at the conclusion of the class [in December]. This way, we can hear from students both their expectations and actual experiences. Each discussion group will include 9 students, selected by their teacher to ensure some diversity among participants. Each discussion will last 90 minutes.

The discussions will be held at your child's school on: [INSERT EXACT DATES, TIMES].

HOW IT WORKS

As part of this research project, a team of researchers will host a 90 minute focus group at your teenager's high school where your child will be in a group with other high schoolers in his or her class.

The group will start on time, and it will be led by a trained researcher who is a professional group moderator. The moderator will explain how the discussion group works, and students will introduce themselves to the group. The moderator will lead the discussion by asking the group questions about food, nutrition, exercise and the curriculum. The discussion is not a test, and there is no right or wrong

answer. We are simply interested in teen views and knowledge about nutrition and physical activity and how to make learning about this topic fun and engaging. We welcome all opinions and ideas, and every student will be treated with respect.

This focus group is voluntary, meaning that with your permission, your son or daughter has the choice to participate or not. If he or she chooses to participate, he or she may still choose not to respond to a specific question, and he or she may leave the group at any time and there will be no penalties.

Everything your child says is private. Your child will not be named in any report. All discussion groups will be audio recorded so we have accurate records of the discussions to use when we write the report. These recordings are only used by our research team for reporting. They will not be shared with anyone outside the scope of this study; except as otherwise required by law.

PARENT/GUARDIAN PERMISSION

Are you willing to have your child participate in these small discussions?

If so, please complete and sign the following and ask your child to *return the signed copy to their teacher*:

I agree to allow my son or daughter, _____, to participate in two small group discussions on food, nutrition, and physical exercise led by KRC Research for the USDA. One discussion will be held at the beginning of the start of the class [in August], and another will be held at the conclusion of the class [in December].

I have read this Parent/Guardian Consent Form and I understand how the group will work and the purpose.

Parent/Guardian Signature: _____

Parent/Guardian Name (*Please print*): _____

Date: _____

If you have any questions about the research, please call [INSERT CONTACT] at your child’s school.