



michael cohen group LLC
research, evaluation, consulting

Appendix I: Principal Letter of Agreement

OMB BURDEN STATEMENT: This information is being collected to assist the Food and Nutrition Service (FNS) in providing the public with information concerning its child nutrition programs. This voluntary information will be used to develop nutrition education resources and interventions for population groups served by FNS. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent provided by law. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0524). Do not return the completed form to this address.

<<DATE>>

Title of Study: Educational Technology Environmental Scan
Principal Investigator: Martha Hadley, Michael Cohen Group
Sponsor or Funding Agency: United States Department of Agriculture Food and Nutrition Service (USDA FNS)

Dear Dr. Hadley,

I am familiar with your research project entitled *Educational Technology Environmental Scan*. I understand that the Michael Cohen Group is conducting research on behalf of the United States Department of Agriculture Food and Nutrition Service. I understand that the study will involve a group of educators from my school participating in [two or three] 45-minute focus groups, and that this requires a quiet space in the school for a total of three hours within the school day.

As the principal of <<**school name**>>, I confirm that the school grants permission for the proposed research to be conducted with teachers in our school.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research study is strictly voluntary and provides confidentiality of research data, as described in the protocol.



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Sincerely,

Principal Signature

Printed Name of Principal