
ASSENT: STUDENT GROUP SURVEY

Dear Student:

I am asking you to consider participating in a survey of students in the Food Safety Education program in your school. The purpose of this survey is to learn what students think of their experiences in the s Program. The survey will take about 25 minutes to fill out. The day and time of the survey will be selected by your high school. Your parent/guardian is also being asked to approve your participation.

Please understand that that your name will not be put on the survey – no one but you will know how you responded to the questions. Participation in the survey is not required. There is no problem or penalty for you if you decide not to participate. Choosing to participate is your decision. Also, if you decide to participate, you may also withdraw at any time. Again, there is also no problem or penalty for you if you elect to withdraw.

You are encouraged to discuss your participation with your parent/guardian. You can also talk about this with a teacher or counselor at school.

If decide to participate, please complete, sign, and date the form below according to the directions.

If you have any questions regarding this request, please feel free to contact me at (865) 974-2777.

Thank you for considering this request.

Sincerely,

Gary Skolits, Evaluation Team Manager

ASSENT:

I have read the above information and I agree to participate in the student survey.

STUDENT NAME (Please print your name)

(Date)

STUDENT SIGNATURE (Please sign your name)