

UNIVERSITY OF TENNESSEE
INSTITUTE FOR ASSESSMENT AND EVALUATION

**PARENTS INFORMED CONSENT STATEMENT FOR: (Student Survey)
FOOD SAFETY EDUCATION PROJECT**

A. INTRODUCTION Your child is being invited to voluntarily participate in a group survey of students for the evaluation of the Food Safety Education project in their school system. The purpose of this evaluation is to assess the effectiveness of the Food Safety Education program serving the 7th grade students. The perspectives of the program's participants and stakeholders are elements of the annual evaluation.

B. INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY Your child's involvement in the study would include participating in a 25-minute group survey during the last two weeks of April under the following circumstances:

1. The school system has approved the evaluation, and will invite your child's voluntary participation.
2. The survey will be scheduled/conducted at their school during a time suitable to all participants.
3. An evaluation team from the University of Tennessee (UT) will conduct the survey.

C. RISKS There is minimal risk to your child's participation in this evaluation.

D. BENEFITS Benefits to your child's participation include the collection of information that could be used to improve the program. Participants may also gain a better understanding of the program.

E. CONFIDENTIALITY Confidentiality of survey results will be maintained. Students will not be asked to put their name on the survey. Data will be stored securely and only made available to the evaluation team at the University of Tennessee. Selected survey comments made may be included in the evaluation report.

F. CONTACT INFORMATION If you have questions at any time about the study or the procedures, (or your child experiences adverse effects as a result of participating in this study,) you may contact the evaluation project manager, Dr. Gary Skolits, at the UT Institute for Assessment and Evaluation; Claxton Complex A513; Knoxville; TN 37996-3400, or call (865) 974-2777. If you have questions about your child's rights as a participant, contact [Research Compliance Services](#) at the Office of Research at (865) 974-3466.

G. PARTICIPATION Your child's participation in this study is voluntary; your child may decline to participate without penalty. If your child decides to participate, they may withdraw from the study at anytime without penalty and without loss of benefits to which they are otherwise entitled.

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Parent/Guardian's signature _____ Date _____

Investigator's signature _____ Date _____
