Parental Notification Form Regarding Participation in a Research Study

Dear Parents and Guardians of THS STUDENTS ONLY:

Over the next several months your child’s school is participating in a culinary training program and study in an effort to help improve meal quality. The program and study are being conducted by the Massachusetts Department of Elementary and Secondary Education, The John C. Stalker Institute, and Framingham State University.

As part study we would like to get feedback in the form of a survey from students on their perceptions of the school meal quality. The survey will be given to students in your child’s school three times over the next several months. Participation in this survey is completely voluntary and you have the right to refuse to allow your child to participate. Your child has the right to refuse to participate even if you give your permission. Your child may refuse to answer any of the questions on the survey and may withdraw from the survey at any time without penalty, prejudice, or loss of benefits.

All information from the completed survey will be kept confidential. Information from the completed surveys will be reported in summary form only. There are no known risks to your child for participating in this study other than the time it takes to complete the survey. Data from the survey will be kept for three (3) years after the close of the study. Results from this study may be published in reports and articles and included in presentations about this work; however, your child’s name or other identifying information will never be used.

If you have questions about this study or if you have a research-related problem, you may contact Cathy Wickham, PhD, RD, CDN at cwickham@framingham.edu. If you have any questions concerning your rights as a research subject, you may contact Patricia Bossange, the Institutional Review Board Administrator at Framingham State University, 508.626.4996.

If you do want your child to participate, no further action is necessary. If you do not wish your child to participate, please fill out and sign the form on the next page and return it to your child’s homeroom teacher or Principal. Alternatively, you can send an email to the researchers with the subject line “Opt Out”, and include your name and your child’s name in the message. Please return the form on the next page by February 14, 2020.

If you wish to allow your child to participate, please do not return this form – no action is required.
If you do not allow your child to take part in the study by February 14, 2020: sign and return this form to cwickham@framingham.edu with the subject line “Opt Out”, and include your name and your child’s name in the message.

Notification of Refusal:

I DO NOT give permission for my child to participate in the study described above.

______________________________
Print Child’s Name

______________________________
Parent/Guardian’s Signature

______________________________
Print Parent/Guardian’s Name

Date