

ASSENT TO TAKE PART IN A RESEARCH STUDY

Principal Investigators: Erin Comollo, EdD and Sara Elnakib

Project Title: *Rutgers Culture of Health School Program*

Who are you and why are you meeting with me?

We are Erin Comollo and Sara Elnakib. We work at Rutgers, The State University of New Jersey. Erin works at the School of Environmental Sciences and Biology at the Institute for Food, Nutrition, and Health and Sara works for the Department of Family and Consumer Health Sciences with the Rutgers Cooperative Extension. We would like to tell you about a research study that involves people like yourself and see if you would like to take part in it. Please ask me, other study staff, your parent or teacher to explain any words you don't understand about the study.

What is the study about?

We are hoping to learn what impacts a virtual online food literacy and nutrition literacy program have on students' food and physical literacy knowledge, behaviors, and skills.

What will happen to me if I take part in the study?

First, you take two surveys. The surveys will last about 30 minutes each. For these surveys you will answer questions about the kinds of foods that you eat, what you know about different types of foods, your sleeping habits, and your physical activities. You may skip any question that you do not want to answer, and you make a break if you need one. After you are done with the surveys, we will be sharing 12 lessons, activities, and games that will be given during regularly scheduled school hours over the course of approximately three months. After those three months, you will take the surveys again.

Can something bad happen to me if I take part in the study?

We do not think anything bad can happen to you by taking part in the study.

Can something good happen to me if I take part in the study?

There are no direct benefits to you for taking part in this research, however you may enjoy learning a new skill, or enjoy the foods you prepare.

Will others know what I say and do in the study?

We will keep answer sheets locked up. Your name will not appear on the answer sheets; we will use a code number instead. If we tell others about the study, we will not mention your name.

Will I be given anything to take part in the study?

You will receive program materials, but you will not be paid to take part in the study.

What if I do not want to take part in the study?

You do not have to take part in this study if you do not want to. Just tell the researcher no. No one will get angry or upset if you do not take part. If you do want to take part now, you can always change your mind later and decide to stop taking part in the study.

What if I have questions?

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If you have questions about your rights as a research subject, you can contact the IRB Director at:
Rutgers University, the State University of New Jersey
Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901-8559
Tel: 732-235-2866

or the Rutgers Human Subjects Protection Program at (973) 972-1149 or
humansubjects@ored.rutgers.edu.

AGREEMENT TO PARTICIPATE

If you want to take part in this study, please sign your name below. If you say yes, your parent or guardian will also be asked if it is ok with them that you take part in this study. You will be given a copy of this form to keep.

Subject's Signature:

Please sign below if you assent (that means you agree) to take part in this study.

Name of Child (Print) _____

Child's Signature _____ Date _____

Signature of Investigator/Person Obtaining Consent:

To the best of my ability, I have explained and discussed the important details about the study including all information contained in this assent form.

Investigator/Person Obtaining Consent Name (Print): _____

Signature _____ Date _____

ADDENDUM: CONSENT TO AUDIO-/VISUALLY RECORD OR PHOTOGRAPH SUBJECTS

You have already agreed to take part in a research study entitled: The Rutgers Culture of Health School Program conducted by Erin Comollo, EdD and Sara Elnakib. We are asking your consent to allow us to audiotape, photography, and videotape you as part of the research. You do not have to consent to be recorded or photographed to take part in the main research.

The audio recordings will be used for analysis by the research team. Audio/video recordings and photographs may be used as a teaching tool to those who are not members of the research staff (i.e. for educational purposes) and promotional purposes. You will not be compensated for this use.

The audio/video recordings and photographs will not include any information that can identify you such as your name.

The audio/video recordings and photographs will be stored in a secure location in a locked file cabinet or stored online with access by password only and will be stored September 1, 2023 and will then be deleted and/or shredded.

The audio/video recordings and photographs will not be used by us or distributed to investigators for other research.

Your signature on this form permits the investigator named above to audio/video record and photograph you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written consent.

AGREEMENT TO BE RECORDED

Subject Name (Print): _____

Subject Signature _____ Date _____

Investigator/Person Obtaining Consent Name (Printed): _____

Signature _____ Date _____