

ASSENT TO PARTICIPATE IN RESEARCH  
Getting Rooted in Gardening

1. My name is [identify yourself to the child by name].
2. We are asking you to take part in a research study because we are trying to learn more about how students learn about gardening. This includes learning about healthy foods, understanding science and math, and knowing where food comes from.
3. If you agree to be in this study, you will complete a pre-test to tell us what you already know about gardening and nutrition. We will offer nine garden programs. We will ask you questions about what you are learning midway through the program. At the end, we will ask you what you learned in a post-test. These tests will not affect your grade and will be used to help us learn how to make our program better. During the lessons, we might follow recipes to make healthy snacks, grow plants, and see interesting creatures outside. We will do the lessons inside your school, but we might go outside, too. If you have a food allergy, you will not be required to eat food as part of this study. If you have any food allergies you will not be required to eat anything that you are allergic to. Your parents will notify us if you do have any food allergies.
4. When gardening and preparing food, it is possible that you might get hurt such as getting a scrape or cut, or even not feeling well after trying a food. We will always have a first aid kit nearby and will teach you how to safely use tools. We will put a special code on your tests instead of your name to prevent others from knowing about your participation.
5. By taking part in this program, you will learn about gardening, nutrition and science.
6. Please talk this over with your parents before you decide to participate or not. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say “yes” you can still decide not to do this.
7. If you don’t want to be in this study, you don’t have to participate. Remember, being in this study is up to you and no one will be upset if you don’t want to participate or even if you change your mind later and want to stop. If you choose to not be in this study, you will still be able to take part in the program as part of your class, but research data will not be collected.
8. You can ask any questions that you have about the study. If you have a question later that you didn’t think of now, you can have your parents call me at 865-974-4265 or ask me next time.
9. Signing your name at the bottom means that you agree to be in this study. You and your parents will be given a copy of this form after you have signed it.

Name of Student

Date