

**Dear Students and Parents,**

Welcome back to school! We hope you had a wonderful summer and are ready for the new school year! Please find below the description of a research project Wellness in the Schools will be doing this year about nutrition education. It will involve a short survey in the beginning and end of the school year. Please review it (both students and parents), and if you would like to participate in the survey, then just **sign the form** below, and **include an e-mail** and/or phone number where we can reach you to follow up on the survey! If you have any questions, you can direct them to Madhumita Parmar.

Thank you!

**Assent (Permission) to Take Part in a Human Research Study**  
*For Child Participants 7-14 Years Old*

**Title of Study:** Impact of WITS (Wellness in the Schools) on Student Nutrition Knowledge and Behavior Change

**Principal Investigator:** Dr. Sarah Messiah

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**Sponsor:** N/A

**READ THE FOLLOWING CAREFULLY**

We want to tell you about a research study we are doing and ask if you want to be part of it. People do research to try to find answers to questions. If you do not understand something, just ask us. We want you to ask questions now and anytime you think of them.

We are working to find out more about what you have learned in the Wellness in the Schools (WITS) program over the course of the year.

You are being asked to be in this study because you will be taking part in the WITS Labs and WITS BITS classes. About 2,000 children will be in the study. You do not have to be in this study if you do not want to.

If you decide to be in this study, this is what will happen: you will have to fill out a survey in the beginning and end of the school year that asks you a few questions about what you have learned in WITS and your experiences.

IRB Study Number: 20170446

Version 2, June 28, 2017

People may have good things happen to them because they are in research studies. You might gain knowledge about food and about being healthy.

It is important that you let the study team members and your parents know if there is a problem right away.

The study is private. The study team members will not share what they learn about you with your parents (or guardian). When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

I have read this form or someone has read it to me. I can always ask the study team members or their assistant a question about the study if I do not understand something. I will be given a copy of this form.

Please check one box:

- YES**, I want to be in this research study and I know that I can change my mind later.
- NO**, I do not want to be in this study.

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Sign your name here (Student)

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Date

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Printed your name here (Student)

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E-mail address

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Phone Number (\*Optional)