



**Extension Service Linn County**

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**Informed Consent Statement**

To: *Mushrooms, Nature's Hidden Treasures* Lesson Participants

This lesson is being taught to Family and Community Education study groups in several counties. The OSU Extension Service asks you to take 5 to 10 minutes to fill out this evaluation so that they can assess the impact that the lesson may have on you.

The completed forms will be forwarded to OSU by the county Extension office. Your response, together with others, will be combined and used for statistical summaries only.

The summary of findings will be included in the 2010 Extension Family and Community Development program's annual report that will be shared with OSU Extension Administrators. The information may also be included in reports of Extension accomplishments. You're welcome to see the result if you like.

Your participation in this evaluation study is VOLUNTARY. You may choose not to participate. You are free to answer only those questions that you feel comfortable answering.

The information that we acquire from you will be kept confidential to the extent permitted by law. No one will know whose responses are whose. Only the county name will be on the form. Please be sure NOT to put your name or any identifying marks on the evaluation form.

There are no foreseeable risks associated with your participation in this study. Your feedback will help the OSU Extension Service to provide lessons that meet your needs.

If you have questions about the survey, contact Janice at 541-967-3871. If I'm not available, please leave a message so that I can return your call.

If you have questions about your rights as a human research participant, please contact the OSU Institutional Review Board (IRB) Human Protections Administrator at 541-737-3437 or [IRB@oregonstate.edu](mailto:IRB@oregonstate.edu).

Sincerely,

Janice Gregg  
Extension FCD Faculty



## Mushrooms, Nature's Hidden Treasures

### Lesson Evaluation

We'd like to know more about how your participation in this lesson has affected you. Please take a few minutes to answer these questions.

County \_\_\_\_\_ Date \_\_\_\_\_

**1. To what extent did the lesson increase your awareness/knowledge about the following? (Circle one for each.)**

	Very much			Very little	
• Health and nutritional benefits of mushrooms	1	2	3	4	5
• The varieties of mushrooms available in the marketplace and their uses in our cuisine	1	2	3	4	5
• Storage of mushrooms	1	2	3	4	5
• Cleaning and preparation of mushrooms	1	2	3	4	5

**2. As a result of attending this lesson, you may change some of your ideas or behaviors. Which of the following did you do regularly before the lesson?**

BEFORE THE LESSON (Check one box for each item.)	Did regularly	Didn't do regularly	Didn't do
Include mushrooms in family meals			
Choose a variety of mushrooms to use in meals, rather than one specific kind			
Prepare mushrooms in appealing ways			

**Which will you do regularly after this lesson?**

AFTER THE LESSON (Check one box for each item.)	Will do regularly	Won't do regularly	Won't do
Include mushrooms in family meals			
Choose a variety of mushrooms to use in meals, rather than one specific kind			
Prepare mushrooms in appealing ways			

**3. Are there any other things you plan to do differently after today's lesson? (Please use back if more space is needed.)**

Please give this completed form to your leader/teacher, who will return it to the County Extension office.