

Appendix B

Parental Permission Form

Purpose of the Evaluation

Abt Associates, Inc., a private research company is conducting a nation wide study of mentoring programs, including the program to which your child is applying. The study is being sponsored by a federal government agency, the Family and Youth Services Bureau in the U.S. Department of Health and Human Services. We are asking about 625 kids across the country to participate in the study. In addition to asking for your permission, we will also be asking your child to agree to be in the study.

What it means for your child to participate

There are two questionnaires that your child will be asked to fill out. If you give us permission to include your child in the study, then your child will fill out one questionnaire when he or she enrolls in the program. Your child does not have to complete the survey to get into the program. Your child's specific answers to the questionnaire will not affect his or her eligibility for program services. We will ask your child to complete another, similar questionnaire in about one year.

The questionnaires will ask your child about a variety of topics. Kids will be asked some basic questions about their families and the relationships they have with different family members. Other questions focus on kid's feelings and behaviors that may occur at school, at home, or in the neighborhood. Topics may include school disciplinary problems, violence, and drug use. Children will also be asked some questions about their mentors and how regularly they meet.

In about nine months, we will send your child a letter reminding him or her about the study and the second questionnaire, and offering him or her \$15 to confirm his or her telephone number or tell us if the number has changed. After completing the second questionnaire, your child will receive a gift certificate for \$20. Additionally, \$25 will be offered to you for ensuring that your child is available for the interview. Taking part in the follow-up questionnaire is entirely up to you and your child, and your decisions will not affect any other service for which you or your child may be eligible. Also, your child does not have answer every question and can stop the questionnaire at any time.

Risks and Benefits

There are small risks to your child for being in the study. Some of the questions ask about behaviors that may be personal or uncomfortable, and your child may choose not to answer these questions. The other possible risk is that someone outside of the program or the study may see your child's answers. However, we take several steps to make sure that your child's participation in the study and responses will be kept private.

Confidentiality

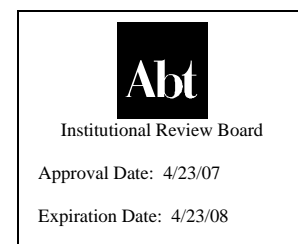
Abt Associates follows strict rules to protect your child's privacy and the confidentiality of any information that your child provides to the study. Your child's name will not appear in any reports produced for this study. The study team will not share your child's answers with mentoring program staff, mentors, employers, teachers, friends, and family. It is possible that if another study is conducted in the future, the Family and Youth Services Bureau and/or another researcher may use your child's contact information and/or questionnaire responses to conduct this study with Mentoring Children of Prisoner Program participants.

Your child's name will be replaced with an identification number for the purpose of this study. All questionnaire information will be entered in a database and stored in a secure computer network. Paper copies of questionnaires will be kept in secure files and locked.

We have obtained a Confidentiality Certificate from the US Department of Health and Human Services (DHHS) to protect the researchers from being forced, even by court order or subpoena, to identify you or your child. (The Certificate does not imply approval or disapproval of the project by the Secretary of DHHS. It adds special protection for the *research* information about you and your child.) You should know, however, that researchers may provide information to appropriate individuals or agencies if harm to you, harm to others, or child abuse or child neglect becomes a concern. In addition, the federal agency funding this research may see your information if it audits us.

Questions

If you have any questions about the study or the questionnaires please call the study's toll free information line at 877-227-3107. Questions about study participants' rights should be addressed to Ms. Marianne Beauregard at Abt Associates, at 617-349-2852 (toll call).



I have read and understood the description of the Evaluation of the Mentoring Children of Prisoners Program. I agree to allow the researchers conducting this research to collect baseline and follow-up information from my child and contact me or my child for future follow-ups. I understand that the information will be used ONLY for the purpose of the study and will be kept strictly confidential.

Print Child's Name:

First

Last

Print Your Name:

First

Last

Your Signature: _____ Date: _____

Mentoring Children of Prisoners Program Name:

Your Contact Information (Please Print)

Address: _____

Phone Number: _____

It would be very helpful if you please could also provide the names of 1-2 people who would be able to provide us with your new contact information if you were to move within the next year. A researcher would only explain to this person that you are involved with a "research project" but would give no further details about the study.

Person #1

Name: _____

First

Last

Address: _____

Phone Number: _____

Person #2

Name: _____

First

Last

Address: _____

Phone Number: _____

Child Assent Form

A private research company, Abt Associates Inc., is doing a study about the Mentoring program you are applying for. The study is supported by a U.S. government agency, the Family and Youth Services Bureau. Hundreds of kids like you will be in the study. Although we are also asking for your parents' or guardians' permission, we want to tell you about the study and make sure that you agree to be in it.

What does it mean to be in the Study?

If you agree to be in the study, you will be asked to answer some questions two times. The first time happens when you sign up for this program. The second time is in about one year, when someone from the study will telephone your home to ask you some questions. There are no right or wrong answers to the questions. Some of the questions may make you uncomfortable because they ask about some bad behavior, like fighting or drinking alcohol, or about other personal stuff. All of your answers will be kept private. Nobody outside of the study will ever see your answers, and you don't have to answer all of the questions if you don't want to. The only time the study team would tell someone else about your answers is if we learned that someone was hurting you and you needed help. We promise that:

- YOUR ANSWERS TO ANY QUESTIONS WILL NOT COUNT TOWARD GETTING INTO THIS PROGRAM.
- NO ONE WILL SEE YOUR ANSWERS OTHER THAN THE PEOPLE DOING THE STUDY. YOUR PARENTS, FRIENDS, TEACHERS, MENTORS, AND OTHER PEOPLE YOU KNOW WILL NOT SEE THE ANSWERS.
- IF YOU COMPLETE THE QUESTIONS THE SECOND TIME OVER THE TELEPHONE, WE WILL SEND YOU A GIFT CERTIFICATE FOR \$20.

Please check one of the sentences below and sign your name, telling us whether or not you will be in the study. If you do not want to be in the study, nothing bad will happen to you.

___ YES, I WILL BE IN THE STUDY. My answers will be used for research and will never be given to my parents/guardian, my school, mentor, teachers, friends or anyone else.

___ NO, I DO NOT WANT TO BE IN THE STUDY.

Print Name

Sign Name



Institutional Review Board

Approval Date: 04/23/07

Expiration Date: 04/22/08