

Parental Permission For Choose Respect Initiative Testing

PARENTAL PERMISSION FOR CHOOSE RESPECT INITIATIVE TESTING

On behalf of the Centers for Disease Control and Prevention (CDC), Ogilvy Public Relations Worldwide (Ogilvy PR) is conducting focus groups to better understand how best to communicate with youth on the topic of healthy relationships.

We are asking your child to take part in research (focus groups) about this topic. The focus group will take no more than 90 minutes. Below are things you should know if you would like your child to take part in a focus group.

- Your child’s participation in this focus group is totally voluntary. Your child can leave the focus group at any time, for any reason.
- Your child can choose *not* to answer any question, at any time.
- Your child’s name and answers to the questions will be kept confidential. No identifying information will be included in the report.
- The discussion will be audio taped.
- Staff from CDC and Ogilvy PR may watch the discussion on a closed circuit television.
- Your child’s input into this focus group should pose no risks to him/her.
- In regards to relationships, your child will be asked to share his/her thinking, opinions, and attitudes, as well as how he/she would like to get related information in the future.
- Your child’s participation will help us do a better job communicating with youth on the topic of healthy relationships.
- Your child will be given \$XX.00 (will insert amount appropriate for market) for his/her time. *Note: We often over-recruit to ensure maximum participation. If your child was invited to participate and shows up for the discussion at the designated time, but does not participate because we have already reached our maximum participation level, your child will still be compensated.*

Contact Information:

If you have questions about this research, please contact Nancy Accetta at 202-729-4167.

Your signature below shows that you understand the above and give permission for your child to take part in this interview.

Please print your name _____

Please sign your name _____

Date _____

THANK YOU FOR GIVING PERMISSION FOR YOUR CHILD TO TAKE PART IN THIS RESEARCH