

National Child Traumatic Stress Initiative (NCTSI) Evaluation
SAMPLE 1 INFORMED CONSENT—YOUTH ASSENT VERSION
(Suggested Content and Wording)

1 Purpose

(NCTSN center program name) has programs to help children and their families recover from trauma. **(NCTSN center program name)** and other places receive money from the U.S. government so we can learn how to make our programs better. We would like you to participate in this project because you are involved in a program at **(NCTSN center program name)**.

1 Description of Participation

When you start treatment, someone at **(NCTSN center program name)** will ask you some questions. After three months, someone at **(NCTSN center program name)** will ask you some questions again. You will be asked some questions every three months until you are no longer in treatment. Then, someone at **(NCTSN center program name)** will ask you some questions one last time.

You will be asked questions about your thoughts and feelings. You will also be asked questions about how you act at home and at school. There are no right or wrong answers. This will take about 2 hours.

1 Risks and Benefits

You will not receive any gifts or money for answering these questions. At times, you may feel uncomfortable talking about your thoughts and feelings. If you need to, you can talk to **(NCTSN center person name)**.

1 Confidentiality

What you tell us during these interviews will be kept private. When we write reports or talk about this study to other people, we will never use your name or tell them who you are. There is only one time we have to tell a few people who you are. We must tell if we think you are in a very dangerous situation. For example, we need to tell the police if someone is hurting you very badly.

1 Rights Regarding Decision to Participate

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.

Voluntary Assent

I have read this form or, it has been read to me, and I understand what it says. My questions have been answered. A copy of this form will be given to me. By signing my name below, I freely agree:

- to be interviewed every 3 months, until treatment end:

Name of the Child (Type or Print Full Name):

Signature of Child:

_____ Date: __/__/__

I, _____, have read the preceding and agree to the participation of my child.

(Caregiver/Guardian) Name: _____ Date: __/__/__

Caregiver's Signature: _____ Date: __/__/__

Project Name Team's Certification

I certify that I have explained to the above individual the nature and purpose of the project as well as the potential benefits and risks associated with participating in the project. I also have answered any questions that have been raised and witnessed the above signature.

Signature of Witness: _____ Date: __/__/__

Key Components of a Consent Form

Elements to Include:

Purpose of the Study

- Funding source
- Local NCTSN center/program name
- Description of why the study will be conducted

Description of Participation

- Participant responsibilities
- Description of data collection methods: interviews--frequency, duration; record review; observation, etc.
- Description of child/youth involvement
- Other guidelines (e.g., possible data sources, age, changes in participation over time, etc.)

Risks and Benefits

- Potential risk factors associated with participation
- Potential benefits that may be gained through participation

Compensation for Participation

- Type and amount of compensation participant will receive for participation
- Process or schedule for payment

Contact Information

- Contact information for someone working on the study who will be available to answer participant questions

Protection of Information

- Protocol for maintaining participant privacy
- Description and purpose of the Federal Certificate of Confidentiality
- Mandated reporting requirements

Rights Regarding Decision to Participate

- Statement of participant rights to terminate participation at will
- Statement that the termination of participation will not lead to adverse consequences

Voluntary Consent

- Statement of participant understanding of the consent form
- Statement that participant has had all of his or her questions answered
- Permission to be interviewed
- Permission to access service provider records for 12 months previous to service and 24 months after the first service
- Signature line for participant to sign, thus granting consent to participate
- Date