

Focus Group Consent Form

Who is sponsoring this focus group? The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC), Comprehensive Cancer Control Branch (CCCCB).

What is the purpose of this focus group? The purpose of the focus group is to understand existing evaluation capacity building tools and revise tools as needed to support the implementation of NCCCP priorities.

What does participation involve? If you choose to take part in this focus group, you will take part in a discussion with up to 10 staff members from other CCC programs on the Evaluation Toolkit.

How was my name selected? You were identified as a participant based on your voluntary response to a request sent out by CDC.

With whom will my focus group comments be shared? Although the focus group will be tape-recorded, your name will not be included on any of the focus group notes, transcripts or summary reports.

Will I be compensated for my participation? Participation in the focus group is voluntary, no compensation will be provided.

Who can I contact if I have questions? If you have any questions, you may contact Angela Moore, CDC Program Evaluation and Partnership Team Lead, at (770) 488-3094.

Please keep one copy of this consent form for your records. If you agree to be a part of our session, please sign below.

Printed Name _____

Signature _____

Date _____