

## **Appendix F**

### **Teacher Interview Informed Consent Form**

## Teacher Interview Consent Form

Dear Teacher,

In collaboration with the Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) and the Fort Worth Independent School District (FWISD), we are conducting interviews with health teachers. The purpose of the interviews is to get a better understanding of how the professional development (including trainings, teacher observation, and feedback) offered by your school district has impacted your teaching in the classroom. We are equally interested in hearing about your experiences teaching sexual health education using the HealthSmart curriculum materials.

Interviews will last approximately 1-hour. The interview will be audio-recorded so that we have an accurate record of what is discussed. The audio recording will be destroyed 3 years after the conclusion of our evaluation. Our discussion will be kept confidential. Information that we gather from the full set of interviews may be shared in reports, articles, or presentations, but your comments will never be associated with your name in any way. Participation is completely voluntary and you are free to stop the interview at any time.

There are minimal risks involved with participation in this interview, and you have the right to skip any question that you may not feel comfortable answering. Although you may not see the direct benefits associated with participating, the information we gather will be used to improve future professional development opportunities for teachers. You will be given a \$20 gift card at the conclusion of this interview for your time and participation.

If you have any questions about the interview or your rights, you may call the ICF Institutional Review Board by phone at 877-556-2218 or Colleen Murray, ICF Project Manager, at 404-321-3211, [Colleen.Murray@icfi.com](mailto:Colleen.Murray@icfi.com).

Thank you for your consideration.

Kind Regards,

Colleen Murray, DrPH  
ICF International  
3 Corporate Square, Suite 370  
Atlanta, Georgia 30329

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I have read (or have been read) the contents of this informational letter. By signing below, I give my consent to participate.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_