

ATTACHMENT E

YOUTH ASSENT AND PARENT PERMISSION FORMS  
FOR YOUTH DISCUSSION GROUPS



***Teen Pregnancy Prevention Tier 1B  
Design and Implementation Study***  
**Youth Assent Form for Youth Leadership Council Discussion Group**

Dear Youth,

We would like you to be in a group discussion about the *[Local name of program]* and the role of the Youth Leadership Council. This group discussion will take place at *[Time]* on *[Date]* at *[Location]*.

- Please read the next page to learn about the study and the small group discussion that we would like you to take part in.
- Participation in the discussion group is voluntary. You are not required to be in the discussion groups in order to continue to be part of any programs or the Youth Leadership Council.
- If you have any questions about the study or the group discussion, please call Kimberly Francis, the Abt Study Director, at 617-520-2502 (toll call).
- If you agree to be in the small group discussion, please sign below. If you do not agree, you do not need to sign the form.

Thank you.

Kimberly Francis,  
Study Director

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By signing this form, I agree to take part in this small group discussion being held in *[Name of community]*.

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Youth Signature

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Print Youth's Name

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Date

[Abt IRB approval stamp]



***Teen Pregnancy Prevention Tier 1B  
Design and Implementation Study***  
**Parent/Guardian Permission Form for Youth Leadership Council Discussion Group**

Dear Parent/Guardian,

We would like to include your child in a group discussion about the *[Local name of program]* and the role of the Youth Leadership Council. This group discussion will take place at *[Time]* on *[Date]* at *[Location]*.

- Please read the next page to learn about the study and the small group discussion that we would like your child to take part in.
- Participation in the discussion group is voluntary. Your child is not required to be in the discussion groups in order to continue to be part of any programs or the Youth Leadership Council.
- If you have any questions about the study or the group discussion, please call Kimberly Francis, the Abt Study Director, at 617-520-2502 (toll call).
- If you agree to allow your child to participate in the small group discussion, please sign below. If you do not agree, you do not need to sign the form.

Thank you.

Kimberly Francis,  
Study Director

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By signing this form, I consent to allow my child to take part in this small group discussion being held in *[Name of community]*.

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Parent/Guardian Signature

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Print Youth Name

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Date

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Print Parent/Guardian Name

[Abt IRB approval stamp]

**Teen Pregnancy Prevention Tier 1B  
Design and Implementation Study**

Information about the Study for Parents and Youth

The U.S. Department of Health and Human Services is funding a study to learn how communities are implementing evidence-based teen pregnancy prevention programs to scale community-wide. These programs are designed to help young people make healthy decisions and avoid risky behavior, and to assure access to health information and healthcare services locally. Abt Associates, Inc., a research company in Cambridge, Massachusetts was hired to conduct the study. The goal of the study is to find out how communities are implementing a program called [*local program name*] and the role of the Youth Leadership Council in providing and improving this program.

**What it Means to Participate in the Discussion Group**

Up to 8 youth leadership council members whose parents have given permission (or who are age 18 or over) will be asked to take part in a small group discussion with other youth leadership council members. The small group discussion will be led by a member of the Abt study team. Youth will be asked about their experiences with the program and the youth leadership council, their roles in the program, and their opinions on the effectiveness of the program. The discussion group will last about an hour. Youth in the discussion groups will receive a \$15 gift card to thank them for their time and participation.

**What are the Risks and Benefits?**

Being in the youth discussion group is voluntary. Youth are not required to be in the discussion groups in order to continue to participate in programs, the youth leadership council, or any other groups. Being part of this discussion group will not hurt youth in any way. If any youth feels uncomfortable at any time during the group, they may be silent or leave the group. Youth will not be asked any sensitive questions.

**Will it be Confidential?**

Confidentiality will be protected to the extent provided by law. The names of youth will never be written in any report or given to anyone other than the study team. Teachers, school staff, program staff and parents will not be allowed to see any of the information from the discussion groups.

If you have any questions about the study, please contact Kimberly Francis, Abt Study Director, at 617-520-2502 (toll call). For questions about your rights or your child's rights, please call Ms. Katie Speanburg at Abt at 877-520-6835 (toll-free call). Thank you.

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