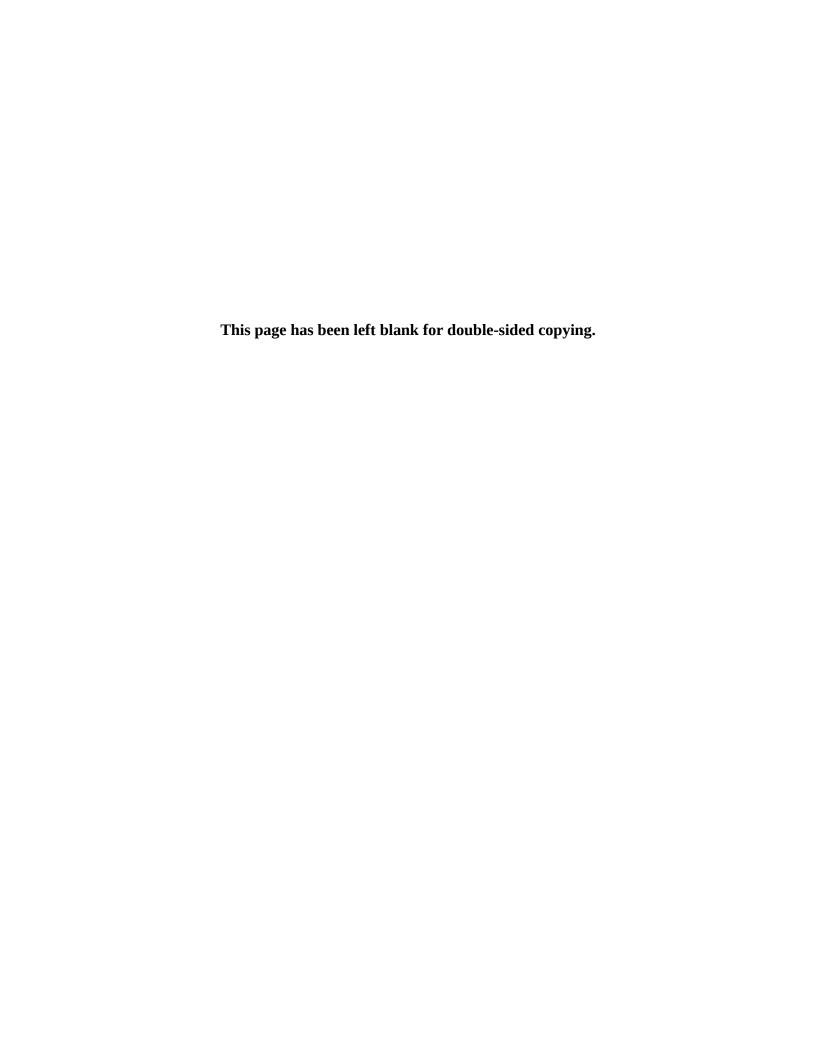
ATTACHMENT E CONSENT FORM - YOUTH FOCUS GROUP



OMB Number:
Expiration Date:

Hello:

The Office of Adolescent Health (OAH) is part of the U.S. Department of Health and Human Services. OAH is sponsoring a study of the [PROGRAM]. The study is called Attitudes, Behaviors, and Choices (or ABC) Study. Mathematica Policy Research is conducting this study for OAH. [SCHOOL/ORG NAME] is taking part in it.

The purpose of the study is to understand whether the program reduces risky behaviors and prevents teen pregnancies. As part of the study, members of the study team will be conducting a focus group discussion with youth about their experiences with *Making Proud Choices!* Youth, including your child, were randomly selected to be asked to participate in the focus group. We are requesting your permission for your child to participate in the focus group discussion. During the focus group, youth will be asked to discuss their experiences and level of satisfaction with *Making Proud Choices!* in their school/organization, whether they thought the program was successful, and how it could be improved. Youth participating in focus groups will be instructed not to share their own personal behaviors with the group and to instead describe their views and experiences with the program.

If you choose to let your child participate, the information from your son/daughter will be combined with information from other youth to characterize how youth who participate in *Making Proud Choices!* view the program. Your child's name will not be attached to the answers he or she gives, and no one outside the focus group and study team will see his or her answers. The study team will keep all information collected private to the extent possible by law. Additionally, the team will ask all participants to keep the information discussed in the focus group private; however, there is a chance other participating youth may reveal information discussed in the focus group to people who were not in the focus group. We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy. This means no one can force the study team to give out information that identifies you, even in court. However, we may need to share your information if it shows a serious threat to you or to others. The United States government may still request information for an audit.

Participation in the focus group discussion is voluntary. If you agree that your child can participate in the focus group, you or your child can choose to stop his or her participation at any time with no consequences. Your child will receive a \$25.00 gift card for participating in the focus group discussion. There are no additional benefits to your child participating in the focus group.

Please let us know whether or not you will allow your child to participate in the focus group discussion by completing and signing the attached form and returning it to [INSERT NAME OF INSTITUTION/CONTACT PERSON] within a week.

Please call Mathematica at 1-855-229-6554 if you have questions about the study. The number is toll-free.

Sincerely,

Susan Zief, Ph.D.

Project Director

Mathematica Policy Research

Susan G. Zief

ATTITUDES, BEHAVIORS, AND CHOICES STUDY

Parental Consent Form for Focus Groups [SCHOOL]

Sponsored by the United States Department of Health and Human Services

I have read the attached information sheet describing the focus group. By signing this form, I am:

	☐giving my permission	□not giving permission	
		, to participate in the focus g	roup
discussion.	Print child's name		
asked about his/her expectable collected. Additionally, I for any reason without p by the study team and us participants to keep the youth may reveal inform Furthermore, I understand affect my child's part	eriences with Making Proud of understand that participation enalty. I further understand sed only for the purposes of information discussed private ation discussed in the focus and that agreement or refusal dicipation in the study. If I have	the discussion, I understand that my child will Choices! and I agree to this information being is voluntary and may be withdrawn at any that all information on my child will be kept puthe study. I also understand the team will instee, however there is a chance other participating group to people who were not in the focus group to participate in the focus group discussion were questions about my child's rights as a researched.	ime orivat truct ng oup. vill
Parent or Guardian Sign	ature:	Date:	
Child's Name:			
Child's Date of Birth: _ M	// lonth Day Year		
		Office use only:	
		Declined	

OMB Number: Expiration Date:

ATTITUDES, BEHAVIORS, AND CHOICES STUDY

		f Assent for Focus Groups	
Spc	nsored by the United States	[SCHOOL] Department of Health and Human Servic	es
An adult at described to me and any of participation. I understand my experiences with Make focus group. I understand and they will not discuss of parents/guardians. I under focus group private, but the	has explained to me the questions I had were answer d as part of the study, I have ing Proud Choices!. I understathe research team will keep my responses with anyone or rstand the study team has a here is a risk that other yout	e Attitudes, Behaviors, and Choices Study, red. I was told that my parent or guardian been asked to participate in a focus groutand I will not be asked about my person of all of the information I provide in the focutside the study team, including my teach sked participants to keep all information the within the focus group may discuss what I do not have to answer any questions to	The study was has agreed to my up discussion about al behavior in this cus group private, hers or discussed in the at is said with
If I have questions about	my rights as a research volu	nteer or questions about the study, I can	call:
The New England	Institutional Review Board,	toll-free at 1-800-232-9570.	
• Laura Kalb, Surve	/ Director at Mathematica Po	olicy Research, toll-free at 1-855-229-655	54.
·	Signature	ee to participate in the focus group. I under without punishment. Date	erstand that I am
Email:			
Cell phone: () Area code		_	
your privacy. This means court. However, we may r	no one can force the study to	onal Institutes of Health. The Certificate heam to give out information that identificate ion if it shows a serious threat to you or ton for an audit.	es you, even in
I certify that the staff mer participants would unders	•	e study to participants were trained to do	so in terms
Caura M. K	alt		

Laura Kalb, Survey Director

Office use only:
Declined