

**Form Approved**

**OMB No. 0920-xxxx**

**Exp. Date xx/xx/xxxx**

Empowering students to be fit for life.

**Presidential Youth Fitness Program (PYFP) Evaluation**

**Evaluation Overview**: The Presidential Youth Fitness Program (PYFP) is working with ICF International, the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation to evaluate the impact of the PYFP on students, PE teachers, schools and the home environment. We are sending this form home to: (1) tell you about focus groups we will be holding at your child’s school, (2) ask permission for your child to participate in a student focus group, and (3) ask about your interest in participating in a focus group. Please see below for a description of the focus groups and to indicate your permission and interest. Please sign and return this form to your child’s PE teacher by {Insert need by date}.

**Student Focus Group**

We will choose up to 10 students to take part in a focus group about their opinions and experiences related to physical education and physical activity. The focus group will be held after school or during a free period. The focus group will take no more than 1 hour to complete and will not interfere with your child’s attendance in other classes. Taking part in the focus group will cause little or no risk to your child. The questions will focus on the students’ opinions and experiences, and there are no right or wrong answers. The students who participate in the focus group will each receive a non-monetary prize equivalent to$15 in appreciation for their participation. We will randomly select 10 students from the list of those with parent permission. Although your child may have your permission, they may not be selected for the focus group because selection will be random. Your child’s grade will not change based on your decision to allow them to participate in the focus groups or not participate. We will follow-up to let you know if your child was randomly selected to participate in the focus group, and if so, the date, time and location.

**Do you approve of your child participating in a focus group interview for the PYFP Evaluation?**

**YES**, my child may take part in a focus group.

**NO**, my child may **not** take part in a focus group.

**PARENT PARTICIPTION**

**Parent Focus Group**

We will chose up to 10 parents of 6th grade students to take part in a focus group about physical education, physical activity, and physical fitness as it relates to your child and your child’s PE class. The parent focus group will take approximately one hour to complete, and will be held at your child’s school. The parent focus group will be in English. Your name will be not be connected with any statements made during the focus group or in any reports about this project. We will randomly select 10 parents from the list of those who agree to participate. If the focus groups occurs outside of school hours, each parent who takes part in a parent focus group will be given a thank you gift of $15. We will send a follow-up communication to let you know if you have been randomly selected to participate in the parent focus groups. If you agree to participate, please provide an email address or phone number that can be used to contact you and determine the best date and time for scheduling the parent focus group (if randomly selected).

**Do you agree to take part in a focus group interview if you are selected?**

**YES**, I will take part in a focus group if selected.

**NO**, I will **not** take part in a focus group.

If you have indicated interest in participating in the parent focus group and/or permission for your child to participate in the student focus group, please provide contact information below so the school liaison working with our evaluation team can contact you about the date and time if randomly selected.

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_(\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the sections below and return this form your child’s PE teacher.**

Child’s name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or concerns, please contact Isabela Lucas, Project Manager for the PYFP Evaluation, at ICF International: [Isabela. Lucas@icf.com](mailto:Isabela.%20Lucas@icf.com) or 404-592-2155.