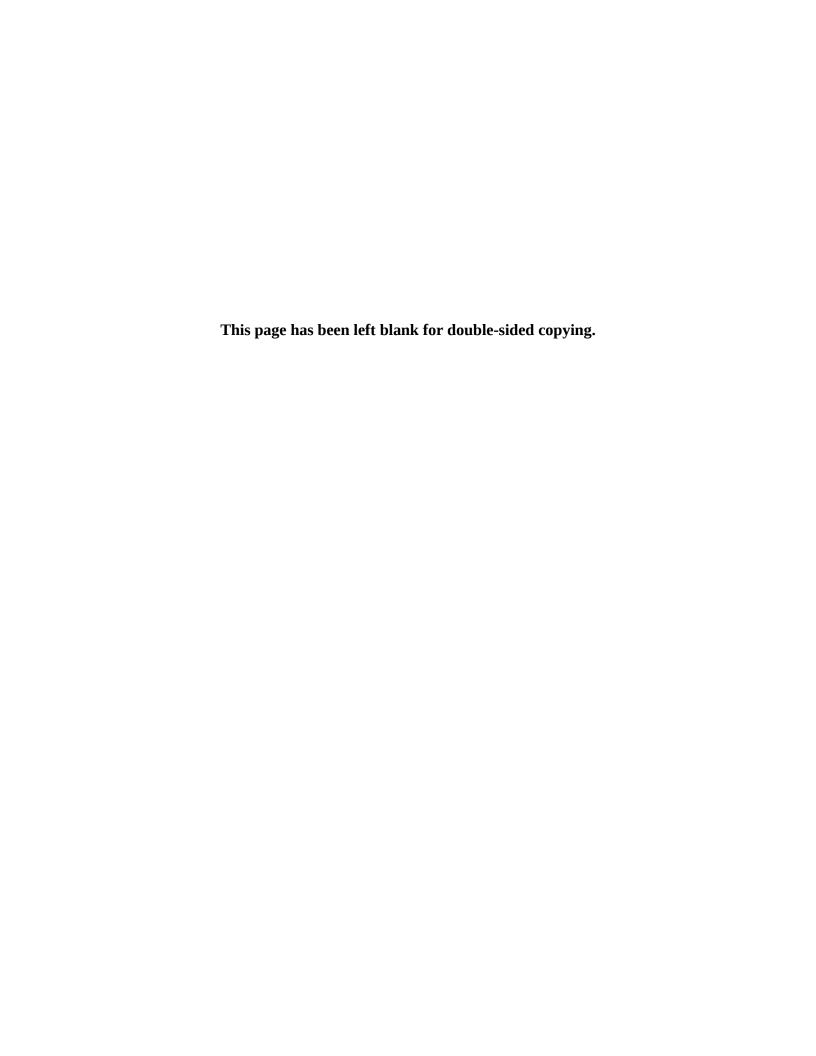
ATTACHMENT C

CONSENT LETTERS AND FORMS AND YOUTH ASSENT FORM FOR FOCUS GROUPS



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 Positive Adolescent Futures Study (PAF). 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 helps youth to complete their education. As part of the study, members of the study team will be conducting a focus group discussion with youth about their experiences with [PROGRAM]. 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 the [PROGRAM] 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 [PROGRAM] 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



POSITIVE ADOLESCENT FUTURES 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	
	Print child's name	, to participate in	the focus group
asked about his/her expericollected. Additionally, I un for any reason without per by the study team and use participants to keep the in youth may reveal informat Furthermore, I understand not affect my child's participants.	ences with the New Heights nderstand that participation in alty. I further understand the donly for the purposes of the formation discussed private, ion discussed in the focus graph that agreement or refusal to ipation in the study. If I have	e discussion, I understand that reprogram, and I agree to this infossive voluntary and may be withdrawat all information on my child with the study. I also understand the tender to people who were not in the participate in the focus group of questions about my child's right the weard, toll-free at 1-800-232-	rmation being wn at any time III be kept private am will instruct participating he focus group. Itscussion will as as a research
Parent or Guardian Signat	ure:	Date:	
Child's Name:			
Child's Date of Birth: Mo	// nth Day Year		
		Office to	use only:



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 New Heights Program. The study is called Positive Adolescent Futures. Mathematica Policy Research is conducting this study for OAH. [SCHOOL NAME] is taking part in it.

The purpose of the study is to understand whether the program helps youth to complete their education. As part of the study, members of the study team will be conducting a focus group discussion with youth about their experiences with New Heights. You were randomly selected to be asked to participate in the focus group and we are asking you to participate in the focus group discussion. During the focus group, you will be asked to discuss your experiences and level of satisfaction with the New Heights program in your school, whether you 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 participate, the information you share will be combined with information from other youth to characterize how youth who participate in New Heights view the program. Your name will not be attached to the answers you give, and no one outside the focus group and study team will see your 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 to participate in the focus group, you can choose to stop participation at any time with no consequences. You will receive a \$25.00 gift card for participating in the focus group discussion. There are no additional benefits to you for participating in the focus group.

Please let us know whether or not you will 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,

Sugar G. Zief

Susan Zief, Ph.D. Project Director Mathematica Policy Research

Office use only:	
Declined	



POSITIVE ADOLESCENT FUTURES STUDY (PAF)

Youth 18 or Older 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: **□**agreeing □not agreeing to participate in the focus group discussion. If agreeing to participate, I understand I will be asked about my experiences with the New Heights program, and I agree to this information being collected. Additionally, I understand that participation is voluntary and may be withdrawn at any time for any reason without penalty. I further understand all information will be kept private by the study team and used only for the purposes of the study. I also understand the study team will instruct participants to keep the information private, however there is a chance other participants may reveal information discussed in the focus group to people who were not in the focus group. Furthermore, I understand that agreement or refusal to participate in the focus group discussion will not affect my participation in the study. If I have questions about my rights as a research volunteer, I can call the New England Institutional Review Board, toll-free at 1-800-232-9570. Signature: Date: Print Name: Date of Birth: _____ / _____ Month Day Year Office use only: Declined

OMB Number: Expiration Date:



POSITIVE ADOLESCENT FUTURES STUDY (PAF)

Statement of Assent for Focus Groups
[SCHOOL]

	Sponsored by the United States	[SCHOOL] Department of Health and Human Servic	es		
An adult athas explained to me the Positive Adolescent Futures (PAF) Study. The study was described to me and any questions I had were answered. I was told that my parent or guardian has agreed to me participation. I understand as part of the study, I have been asked to participate in a focus group discussion about my experiences with the New Heights program. I understand I will not be asked about my personal behavior in this focus group. I understand the research team will keep all of the information I provide in the focus group private, and they will not discuss my responses with anyone outside the study team, including my teachers or parents/guardians. I understand the study team has asked participants to keep all information discussed in the focus group private, but there is a risk that other youth within the focus group may discuss what is said with people outside the focus group. I also understand that I do not have to answer any questions that make me feel uncomfortable.					
If I have questions	about my rights as a research volu	nteer or questions about the study, I can	call:		
The New Er	ngland Institutional Review Board,	oll-free at 1-800-232-9570.			
• Laura Kalb,	Survey Director at Mathematica Po	olicy Research, toll-free at 1-855-229-655	54.		
	articipation is voluntary, and I agre ticipating in the study at any time,	e to participate in the focus group. I undo without punishment.	erstand that I am		
Name	Signature	 Date			
Email:					
Cell phone: (Area co		_			
your privacy. This n court. However, we	neans no one can force the study to	onal Institutes of Health. The Certificate heam to give out information that identifie on if it shows a serious threat to you or to on for an audit.	es you, even in		

I certify that the staff members assigned to explain the study to participants were trained to do so in terms participants would understand.

Cama M. Kalt	
	Office use only:
Laura Kalb, Survey Director	Declined