

ATTACHMENT E
CONSENT FORM - YOUTH FOCUS GROUP

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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.

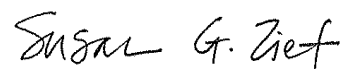
If you choose to let your child participate, the information from your son/daughter will be combined with information from other youth to characterize how youth who participate in *Making Proud Choices!* view the program. Your child's name will not be attached to the answers he or she gives, and no one 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

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

for my son or daughter, _____, to participate in the focus group discussion.
Print child's name

If giving permission for my child to participate in the discussion, I understand that my child will be asked about his/her experiences with *Making Proud Choices!* 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 that all information on my child will be kept private by the study team and used only for the purposes of the study. I also understand the team will instruct participants to keep the information discussed 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. Furthermore, I understand that agreement or refusal to participate in the focus group discussion will not affect my child's participation in the study. If I have questions about my child's rights as a research volunteer, I can call the New England Institutional Review Board, toll-free at 1-800-232-9570.

Parent or Guardian Signature: _____ **Date:** _____

Child's Name: _____

Child's Date of Birth: ____ / ____ / ____
Month Day Year

Office use only:

Declined
