

INSTRUMENT 4

FOCUS GROUP PARENT CONSENT FORM

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# PARENT CONSENT FORM

## NATIONAL EVALUATION OF THE PERFORMANCE PARTNERSHIP PILOTS FOR DISCONNECTED YOUTH (P3)

### Focus group

**1. Please read the following statement.**

[The P3 pilot program], the P3 pilot program your child is participating in, is part of a national study sponsored by the U.S. Department of Labor (DOL). This study is being conducted by Mathematica Policy Research and Social Policy Research Associates. As part of this important study, we are conducting focus groups with youth participating in this and similar programs to help DOL learn more about how these programs are improving services to help young people succeed in work and school. There are no clear risks to participating in the focus groups. There are also no direct benefits to you or your child; however, society at large might benefit from the study by better understanding participants' experiences in these programs. Participation is voluntary and you can decide not to have your child participate in the focus group, without negative consequences.

By giving your permission, your child will be asked to participate in a focus group to discuss his or her experiences. Topics discussed include questions related to your child's experiences with the program and its services and his or her plans for the future. For participating in the focus group, your child will receive a \$20 gift card.

You are also being asked to give permission for this focus group discussion to be recorded. The recording will be destroyed once the study is completed.

If you have any questions about the study, please feel free to call Linda Rosenberg at 1-xxx-xxx-xxxx.

**2. After reading this statement, do you give permission for your child to participate in the focus group?**

Please check the appropriate box in each section.

YES, \_\_\_\_\_, CAN participate in the study.  
First Name Last Name

NO, I do not consent for \_\_\_\_\_ to participate in the study.  
First Name Last Name

YES, I give permission for this focus group to be recorded.

NO, I do not give permission for this focus group to be recorded.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) Control Number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this collection of information is estimated to average 1 minute, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [Christina Yancey or Yancey.christina@DOL.gov](mailto:Christina.Yancey@DOL.gov) and reference the OMB Control Number xxxx-xxxx.

\*Please return this form to the [P3 program].

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