

## Appendix B

### Parent Consent and Student Assent Form to Participate in Focus Groups for the Heritage Method and Co-Regulation Strategies

Dear Parent or Guardian,

Your child's upcoming [INSERT SCHOOL CLASS NAME] has been selected for an important research study. This study, sponsored by the Administration for Children and Families, U.S. Department of Health and Human Services, is being conducted Mathematica. We are interested in learning about how the [INSERT SCHOOL CLASS NAME] went for your child and what they learned in the class.

Some students will be selected to take part in a 45 minute focus group to provide additional feedback about the class. If selected for the focus group, it will take place at school during the school day. They will meet with two researchers and up to seven other students selected for the focus group, to provide their feedback about the [INSERT CLASS NAME] and how it can be improved.

#### **We want you to know that:**

- The focus group information will not be seen by anyone at the school and will not impact your child's grade in anyway.
- The focus group results are only for research purposes to improve the class for future students.
- Participation in the focus group is entirely voluntary. If you agree that your child can participate, you or your child can later choose to not participate with no consequences
- While no participants' names or feedback will be disclosed or used, in identifiable form, for any other purpose except as required by law, your child will be in a focus group with up to seven other students and therefore those students will know your child participated in the group and the feedback they shared during the group.
- Students may choose to participate or not participate in the focus group. The only risk to your child connected with the study is that they may be uncomfortable answering some questions in the focus group discussion. If that happens, your child can refuse to answer those questions.
- We will follow all public health and social distancing requirements when collecting data for the study. This means that data may be collected in person or virtually. The specifics will be determined at the time of data collection in consultation with your child's school

The feedback received from the focus groups will provide ACF and Mathematica with valuable information that will be included in a national research study to improve classes that include content that is like [INSERT SCHOOL CLASS NAME].

The back side of this paper requests your permission for your child to participate in the focus group, if selected. Your child must also sign the form if they wish to participate.

#### **Questions?**

Contact Tiffany Waits, the SRAENE survey director, at or (202) 264-3498. If you have any questions or concerns about your/your child's rights as a study participant, please contact the Health Media Lab Institutional Review Board at (202) 753-5040.

Appendix B. Parent Consent and Youth Assent Forms

We need your response whether it is “yes” or “no.” Please complete, sign, and return the attached [COLOR] form to your child’s [CLASS NAME] by [RETURN DATE]. Please keep the [COLOR] form for your records.

### Study Participation Permission Form

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#### PARENT SECTION

Your signature below indicates that your questions have been answered satisfactorily, and that you have read and understood the information provided above.

I do **not** give permission for my child \_\_\_\_\_ to participate in the focus group.  
Print Child's Name

I **do** give permission for my child \_\_\_\_\_ to participate in the focus group, which will take place at \_\_\_\_\_  
Print Child's Name  
school for 45 minutes.

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

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

\_\_\_\_\_  
Date

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#### STUDENT SECTION

Your signature below indicates that your questions have been answered satisfactorily, and that you have read and understood the information provided above.

I do **not** wish to participate in the focus group.

I **do** wish to participate in the focus group, which will take place at school for 45 minutes.

\_\_\_\_\_  
Youth Print Name

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

THE PAPERWORK REDUCTION ACT OF 1995

The described collection of information is voluntary and will be used to provide the Administration for Children and Families with information to help refine and guide program development in the area of adolescent pregnancy prevention. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0531, Exp: 07/31/2022. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to Tiffany Waits at [twaits@mathematica-mpr.com](mailto:twaits@mathematica-mpr.com).