

Appendix B

Parent Consent and Youth Assent Forms to Participate in Youth Focus Groups

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A. Parent Consent Form for Youth to Participate in the Sexual Risk Avoidance Education National Evaluation: Nationwide Study

Dear parent or guardian,

Your child's upcoming [INSERT CLASS NAME] has been selected for an important research study. This study, sponsored by the U.S. Department of Health and Human Services, is being conducted by Mathematica, a research company. We are specifically interested in learning more about the [INSERT PROGRAM NAME] education on healthy relationships that is part of your child's [INSERT CLASS NAME] curriculum.

Some students will be selected to be in a 45-minute small group discussion to talk about their opinions of the class and their experiences with it. If your child is selected for this discussion, which is called a focus group, it will take place [at school during the school day/during their usual course meeting time]. Your child will meet with two researchers and up to nine other students selected for the focus group. They will talk about the [INSERT PROGRAM NAME] and how it can be improved.

We want you to know:

- Information on what was discussed in the focus group will not be seen by anyone at the school, and will not have any effect on your child's grade.
- The focus group results will only be used by researchers to suggest how to improve the class for future students.
- Participating in the focus group is entirely voluntary. You or your child may choose to stop participating at any time.
- All participants will be asked NOT to discuss anything they talked about in the focus group with anyone outside the group. Everything they talk about in the focus group should remain private.
- Although no participants' names or what they say will be disclosed or used in a way that could identify them for any purpose except as required by law, your child will be in a focus group with up to seven other students, and they will know your child was part of the group and know what your child said.
- Students may choose whether to participate in the focus group or not. The only risk to your child that is connected with the study is that they may be uncomfortable answering some questions in the focus group. If that happens, your child can refuse to answer those questions.
- Your child will receive a \$15 gift card if they participate.
- We will follow all state and federal public health and social distancing requirements when collecting data for this study. This means 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 focus groups will give the U.S. Department of Health and Human Services valuable information that will be included in a national research study to improve classes that have content like [INSERT PROGRAM NAME].

On the other side of this paper, there is a form asking for your permission for your child to participate in the focus group, if they are selected for it. Your child must also sign the form if they wish to participate.

We need your response, whether you **do** or **do not** allow your child to participate. 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.

Questions?

Contact Tiffany Waits, the SRAENE survey director, at twaits@mathematica-mpr.com 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) 246-8504

TURN PAGE



Study Participation Permission Form

I have read the attached information sheet describing the focus group. By signing this form, I:

Do **not** give permission for my child, _____, to participate in the focus group.
Print child's

Do give permission for my child, _____, to participate in the focus group,
Print child's
which will take place at school for 45 minutes.

Print parent's or guardian's name

Parent's or guardian's signature

Date

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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. Public reporting burden for the described collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Tiffany Waits at Twaits@mathematica-mpr.com.
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B. Youth Assent Form for Youth to Participate in the Sexual Risk Avoidance Education National Evaluation: Nationwide Study

Your [INSERT CLASS NAME] has been selected for an important research study. This study, sponsored by the U.S. Department of Health and Human Services, is being conducted by Mathematica, a research company. We are specifically interested in learning more about the [INSERT PROGRAM NAME] education on healthy relationships that is part of your [INSERT CLASS NAME] curriculum.

Your parent or guardian has given their permission for you to participate in a 45-minute small group discussion to talk about your opinions of the class and your experiences with it. You will talk with two researchers and up to nine other students about the [INSERT PROGRAM NAME] and how it can be improved.

We want you to know that:

- The focus group information will not be seen by anyone at your school or program and will not influence your grade in any way.
- The focus group results will only be used for research designed to improve the class for future students.
- Participation in the focus group is entirely voluntary. You may stop participating at any time.
- Everyone will be asked to NOT discuss anything talked about in the focus group with anyone outside of the group. Everything the group talks about should remain private.
- Although no participants' names or feedback will be released or used in a way that could identify them for any other purpose except as required by law, you will be in a focus group with up to seven other students, and those students will know you participated in the group and know what you said.
- You may choose to participate in the focus group or not participate. The only risk involved in participating is that you may feel uncomfortable answering some of the questions in the focus group. If that happens, you can refuse to answer those questions.

We would like to ask you a few questions about yourself. You can skip any questions you do not feel comfortable answering.

1. Are you Hispanic or Latino?

- Yes
- No

2. What is your race? Select one or more.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (please specify) _____

3. Which of the following best describes how you think of yourself?

- Male
- Female
- Another gender identity

Prefer not to answer

Your signature below means your questions about the focus group have been answered to your satisfaction, 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, and will include a \$15 gift card.

Print your name

Your signature

Date

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