

## **Appendix B**

### **Participant Consent Forms**

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## **Appendix B.1.**

### **Parent consent form**

#### **Youth cognitive interview focus groups (Phase 1)**

**Participants: Recruited through panel**

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## Voluntary Parent/Guardian Consent for Youth to Participate in a Focus Group to Test a Survey

### Study description and purpose

We invite your child to participate in testing a new survey and providing feedback on its questions to help us improve them. The survey asks questions about how children manage their thoughts, feelings, and behavior (also called “self-regulation”). The survey also asks about the classroom environment, how they feel supported by their teachers, and what they know about how to avoid risky behaviors (including sexual activity). We want to learn how well these survey questions capture the experiences and opinions of youth in grades 9-12. We want to know if the questions are clear and easy to understand, and if your child thinks there are important topics missing or better ways to phrase the questions. If you provide permission and your child agrees to participate, they will join a 90-minute, [in-person/virtual] focus group.

**This is a permission form with information to help you decide if your child can participate in this focus group.**

Mathematica, an independent research firm, is conducting this survey testing for the Administration for Children and Families (ACF). ACF is an agency in the federal government within the U.S. Department of Health and Human Services that supports the health and well-being of people.

### What will my child do?

- If you give permission and your child also agrees to participate, your child will join in a 90-minute focus group session, held [in-person at [LOCATION]/virtually].
- The focus group will include a small group of youth around your child’s age.
- The focus group will be led by a researcher from Mathematica.
- In the focus group session, youth will start by individually taking a 10-minute survey. The survey asks questions about goal setting, controlling emotions, and risk taking.
- We are not interested in your child’s answers to the survey questions. Instead, we want to know if the questions were easy or hard to understand, how the questions can be improved, and what your child thinks about the process of taking the surveys.
- The feedback your child provides will be combined with feedback from other youth in focus groups and will be used to make the survey questions better. Your child’s name or feedback will not be disclosed or used, in identifiable form.

### What are the risks and benefits to participating?

- **There are no known risks associated with this research.** Some people might feel uncomfortable or embarrassed talking about some of the topics in the survey. However, your child does not need to answer any questions or talk about any topics that make them uncomfortable.
- **The focus group is a group discussion.** There is a chance others might share information from the discussion with people who did not participate. We ask all participants to respect the privacy of others in the group by not discussing specifics with others outside the group, but we cannot guarantee that will happen.
- **Your child’s participation is entirely voluntary.** Even if you give permission for them to participate, they can choose for themselves whether they want to participate or not. There are no consequences if you or your child decides not to participate in this research study.



- **If you give permission and your child chooses to participate, they will receive a \$100 honorarium** as a thank you for helping us improve the surveys. If a parent or caregiver provides transportation to your child, they will also receive a \$50 token of appreciation.

### How will my child’s privacy be protected?

- The discussion will be audio-recorded so that the study team can review the recording later to make sure their notes are accurate. No one will hear the recording except for the study team. We will store the recording in a secure location, and our study team will destroy it at the end of the project.
- We will keep any notes from our conversation in a secure location for the study team to use, and we will destroy the notes at the end of the project.
- We are required by law to report your child’s name to authorities if:
  - We suspect child abuse or neglect.
  - Your child says something that suggests they are likely to harm themselves, harm another person, or that someone is likely to harm them.

### How will the information from the discussion be used?

The study team will write a report for ACF that summarizes the findings across all focus groups. Your child’s name or feedback will not be disclosed or used, in identifiable form.

### Who can I contact for more information?

The Health Media Lab Institutional Review Board has approved this work. If you have any questions or concerns, please contact [study point of contact to be inserted].

### Agreement to participate

- By checking the boxes and signing your name below, you agree that your child may participate in the youth focus group to gather feedback on the surveys.
- If you agree, then your child will decide on their own whether to participate. They will sign their own agreement form.
- Your signature below indicates that your questions have been answered and that you have read and understood the information provided above.

I accept the terms described above and give permission for my child to participate voluntarily in the Youth Self-Assessment Survey Pretest focus group session:

\_\_\_\_\_

**Print Child’s Name**

**Please check the boxes below if you give permission for your child to participate.**

- My child has permission to participate in a focus group.

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

\_\_\_\_\_  
**Date**

## **Appendix B.2.**

### **Youth assent form**

#### **Youth cognitive interview focus groups (Phase 1)**

**Participants: Recruited through panel**

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## Voluntary Youth Participation Agreement Form for a Focus Group to Test a Survey

### Study description and purpose

We invite you to participate in a focus group to test a new survey. You will take a short survey and provide feedback on its questions to help us improve them. The survey asks questions about how children manage their thoughts, feelings, and behavior (also called “self-regulation”). The survey also asks about the classroom environment, how they feel supported by their teachers, and what they know about how to avoid risky behaviors (including sexual activity). We want to learn how well these survey questions capture the experiences and opinions of youth in grades 9-12. We want to know if the questions are clear and easy to understand, and if you think there are important topics missing or better ways to phrase the questions. [Your parent has provided permission.] If you agree to participate, you will join a 90-minute, [in-person/virtual] focus group.

### **This form provides information to help you decide if you want to participate in this focus group.**

Mathematica, an independent research firm, is conducting this study for the Administration for Children and Families (ACF). ACF is an agency in the federal government within the U.S. Department of Health and Human Services that supports the health and well-being of people.

### What will I do?

[Your parent or guardian has already provided permission for you to participate, but you can now decide for yourself.]

- If you agree to participate, you will join a 90-minute focus group session.
- The focus group will include a small group of youth around your age.
- The focus group will be led by a researcher from Mathematica.
- In the focus group, you will start by taking a 10-minute survey. The survey asks questions about goal setting, controlling emotions, and risk taking.
- We are not interested in your answers to the survey questions. Instead, we want to know if the questions were easy or hard to understand and how the questions can be improved.
- The feedback you provide will be combined with feedback from other youth in focus groups and will be used to make the survey questions better. Your name or feedback will not be disclosed or used, in identifiable form.

### What are the risks and benefits to participating?

- **There are no known risks associated with this research.** Some people might feel discomfort or embarrassment talking about the topics on the survey. You do not need to answer any questions or talk about any topics that make you uncomfortable.
- **The focus group is a group discussion.** There is a chance others might share information from the discussion with people who did not participate. We ask all participants to respect the privacy of others in the group by not discussing specifics with others outside the group, but we cannot guarantee that will happen.
- **If you choose to participate, you will receive a \$100 honorarium** as a thank you for helping us improve the surveys.



### Do I have to participate?

No. **You can choose to participate or not participate in this research study.** Even if you decided to participate now, you can change your mind later and decide to not participate without any consequences. You may also choose whether or not to answer the questions during the group discussion.

### How will privacy be protected?

- The discussion will be audio-recorded so that the study team can review the recording later to make sure their notes are accurate. No one will hear the recording except for the study team. We will store the recording in a secure location and our study team will destroy it at the end of the project.
- We will keep any notes from our conversation in a secure location for the study team to use, and we will destroy the notes at the end of the project.
- **Nothing will be shared with your parents or any other people outside of the study team conducting this study. However, we are required by law to report your name to authorities if:**
  - We suspect child abuse or neglect.
  - You say something that suggests you are likely to harm yourself, harm another person, or that someone is likely to harm you.

### How will the information from the discussion be used?

The study team will write a report for ACF that summarizes the findings across all focus groups. Your name and feedback will not be shared or used, in identifiable form.

### Who can provide more information about this study?

- The Health Media Lab Institutional Review Board has approved this work.
- If you have any questions or concerns, please contact [study point of contact to be inserted].

### Agreement to participate

- By signing below, you agree to participate in the youth focus group to give feedback about the Youth Self-Assessment survey.
- Your signature means that your questions have been answered, and that you have read and understood the information provided above.

I accept the terms described above and will voluntarily participate in the Youth Self-Assessment Survey pretest focus group session.

\_\_\_\_\_  
**Print your name**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

## **Appendix B.3.**

**Adult parent consent form**

**Youth survey pretest (Phase 2)**

**Participants: Recruited through panel**

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## Voluntary Parent/Guardian Consent for Youth to Participate in a Survey Pretest

### Study description and purpose

We invite your child to participate in testing a new survey. The survey asks questions about how children manage their thoughts, feelings, and behavior (also called “self-regulation”). The survey also asks about the classroom environment, how they feel supported by their teachers, and what they know about how to avoid risky behaviors (including sexual activity). We want to learn how well these survey questions capture the experiences and opinions of youth in grades 9-12. If you provide permission and your child agrees to participate, they will take a 10-minute web survey.

**This is a permission form with information to help you decide if your child can participate in this survey pretest.**

Mathematica, an independent research firm, is conducting this survey testing for the Administration for Children and Families (ACF). ACF is an agency in the federal government within the U.S. Department of Health and Human Services that supports the health and well-being of people.

### What will my child do?

- If you give permission and your child also agrees to participate, your child will take a 10-minute web survey.
- The survey asks questions about goal setting, controlling emotions, and risk taking.
- The responses your child provides will be combined with the responses from hundreds of other youth taking the survey. Your child’s name or feedback will not be disclosed or used, in identifiable form.

### What are the risks and benefits to participating?

- **There are no known risks associated with this research.** Some people might feel uncomfortable or embarrassed answering some of the questions in the survey. However, your child does not need to answer any questions that make them uncomfortable.
- **Your child’s participation is entirely voluntary.** Even if you give permission for them to participate, they can choose for themselves whether they want to participate or not. There are no consequences if you or your child decides not to participate in this research study.
- **If you give permission and your child chooses to participate, they will receive panel points equivalent to \$5.50.**

### How will my child’s privacy be protected?

- Your child’s name or personally identifiable information will not be linked to the survey data.
- We are required by law to report your child’s name to authorities if:
  - We suspect child abuse or neglect.
  - Your child says something that suggests they are likely to harm themselves, harm another person, or that someone is likely to harm them.



## How will the information collected from the survey be used?

The study team will write a report for ACF that summarizes the findings from all combined survey responses. Your child's name or feedback will not be disclosed or used, in identifiable form.

## Who can I contact for more information?

The Health Media Lab Institutional Review Board has approved this work. If you have any questions or concerns, please contact [study point of contact to be inserted].

## Agreement to participate

- If you agree, then your child will decide on their own whether to participate. They will sign their own agreement form.
- You must indicate you give permission for your child to participate by checking the box below and submitting this form.

**Please check the box below if you give permission for your child to participate, then submit.**

- My child has permission to participate in the survey.

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**Parent/Guardian Signature**

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**Date**