

## **APPENDIX C. Parent and Guardian Consent Form for Youth Focus Groups**

OMB Number: 0970-0531



Expiration Date: 09/30/2025

## INFORMATION SHEET AND CONSENT FORM FOR VOLUNTARY PARTICIPATION

### Parent or Guardian of Youth Participants

Sponsored by the U.S. Department of Health and Human Services

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#### INTRODUCTION

The Administration for Children and Families (ACF) is part of the U.S. Department of Health and Human Services. ACF is working with Mathematica, an independent research organization, to gather more information about the Adulthood Preparation Subjects. Programs offered by Personal Responsibility Education Program (PREP) grantees, including the program offered by [Grantee Organization Name] that your child participated in, deliver material on the Adulthood Preparation Subjects. The Adulthood Preparation Subjects are adolescent development, healthy life skills, healthy relationships, educational and career success, financial literacy, and parent-child communication.

#### WHAT IS THE STUDY ASKING ME AND MY CHILD TO DO?

We are asking permission for your child to be in a 1-hour focus group. A focus group is a discussion that Mathematica staff will guide with a small group of youth that have participated in the PREP programming offered by [Grantee Organization Name]. During the focus group, your child and the other youth can share their thoughts about whether the Adulthood Preparation Subjects meet their needs and are relevant to them. They can also share their ideas for how the Adulthood Preparation Subjects could be improved. We will **not** ask your child about their own behavior.

Your child's point of view is very important for this work.

If for some reason we cannot do a focus group at [Grantee Organization Name], we may ask your child to do a short interview. The interview questions will be the same as the focus group questions.

#### HOW WILL THE STUDY KEEP MY CHILD'S INFORMATION PRIVATE?

If you choose to let your child take part, we will use only first names during the discussion. While no participants' names or feedback will be disclosed or used in identifiable form for any other purpose, your child may be in a focus group with up to nine other youth and therefore those youth will know your child participated in the group and the feedback they shared during the group.

We will keep everything your child tells us private unless we're faced with a mandated reporting situation. If we learn that a child has been hurt or is in danger, or your child tells us that they plan to seriously hurt themselves or someone else, then, by law, we must make a report to the appropriate legal authorities.

No one outside of the study team will see your child's answers. The information from the discussion will not be seen by anyone at your child's school or anyone at [Grantee Organization Name]. The study results are only for research purposes to improve adolescent pregnancy prevention programming for future students.

We will audio-record the discussion so that the study team can take accurate notes. The recording will be destroyed after we have checked our written notes. We might share recorded answers with outside partners to transcribe notes, but no names will be attached.

The study team will write a summary report that combines the information from this discussion with other information gathered with other people at [Grantee Organization Name] and across the country. We will not mention your child by name in any reporting.

### **ARE THERE ANY BENEFITS TO BEING IN THIS STUDY?**

Your child will receive a \$40 gift card as a token of appreciation for completing the focus group or interview.

### **ARE THERE ANY RISKS TO BEING IN THIS STUDY?**

The only risk to your child is that they might be uncomfortable answering some questions. If that happens, your child does not have to answer any questions that they do not want to answer. Your child may also stop participating in the discussion at any point. There are no right or wrong answers to our questions.

### **DO I HAVE A CHOICE ABOUT BEING PART OF THIS STUDY?**

You and your child have a choice about whether your child participates in the discussion. Your child can also choose to not answer our questions or may stop taking part at any time. Your child can still receive lessons through the PREP program even if they choose not to take part in the focus group or interview.

### **WHEN IS THE STUDY TAKING PLACE? HOW LONG WILL IT LAST?**

The focus group or interview will take place on [DATE] at [TIME] at [LOCATION]. The focus group or interview will last no more than 1 hour.

### **WHAT IF I HAVE QUESTIONS OR COMMENTS ABOUT THIS STUDY?**

If you have questions, concerns, or complaints about the study, please contact Alicia Meckstroth at [ameckstroth@mathematica-mpr.com](mailto:ameckstroth@mathematica-mpr.com) or (609) 275-2205.

If you have questions about your rights as a research volunteer, if you think the research negatively affected your child, or if you have other questions, concerns, or complaints, contact HML Institutional Review Board at (202) 246-8504.

## **WHAT DO I DO NEXT?**

Please let us know whether you will allow your child to take part by completing and electronically signing the consent form below.

Sincerely,  
Alicia Meckstroth  
Principal Researcher  
Mathematica

## Parent or Guardian Study Consent Form

*Sponsored by the U.S. Department of Health and Human Services*

1. I have read the information sheet describing the study. In giving permission for my child to take part in the study, I understand that my child will be asked their thoughts about the Adulthood Preparation Subject topics and how these topics could be better. I agree to the study team collecting this information. By signing this form, I am:

☐ giving my permission

☐ not giving permission

for my child, \_\_\_\_\_, to participate in the focus group or interview.

**[List Child's Name]**

2. I understand that parents, guardians, and youth can choose to participate or not. I also understand my child may stop participating at any time, for any reason. There is no penalty for choosing not to participate. I understand that the study team will keep all my child's information private and use it only for the purposes of the study. I also understand the study team will ask other youth in the focus group or interview not to talk about the discussion outside the group, but there is a chance another youth might reveal to others information discussed in the group. The focus group or interview will be audio recorded to aid the researchers in notetaking. The recording will only be used by the research team and will be destroyed at the end of the research study. If I have questions about my child's rights as a research volunteer, I can call the HML Institutional Review Board toll-free at (202) 246-8504.

☐ Yes

☐ No

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Mobile Phone:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**May we text you to confirm or remind you of the date and time of the focus group or interview?**

☐ Yes

☐ No

*We will not share your contact information with anyone outside of the study team. We will only use it to confirm the schedule for the focus group or interview.*