
APPENDIX A:

Parental consent form, consent form for youth over 18, and assent form for youth

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Voluntary Parent/Guardian Consent for Youth Under Age 18 to Participate in the [STUDY NAME] Study

Study description and purpose

As part of your child's participation in the [NAME OF GRANT RECIPIENT PROGRAM], they have the opportunity to participate in a study to understand if the [NAME OF SRAE PROGRAM] curriculum, which is designed to help youth make positive decisions that will impact their health and wellness in a positive way, is effective in improving youth outcomes. [NAME OF SRAE PROGRAM] provides a safe learning environment for youth to explore their goals, values, attitudes and beliefs around sexual health, as well as communication skills and adult learning skills. The study will enroll youth in [TIME PERIOD] and be implemented at [IMPLEMENTATION SITE].

This is a permission form with information to help you decide if you want your child to participate in the study. Whether your answer is "yes" or "no," your child will receive a \$10 gift card if you complete and return this form.

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 youth. ACF administers the Sexual Risk Avoidance Education grant program, which supports organizations in providing youth with programs.

What will my child be asked to do as part of the study?

- **Your child will have a 50/50 chance of receiving either the [NAME OF SRAE PROGRAM] program or [NAME OF COMPARISON PROGRAM] program.** If you choose to allow your child to participate in the study, they will be randomly placed into a group that will receive either the [NAME OF SRAE PROGRAM] program, or the [NAME OF COMPARISON PROGRAM] program. Both programs focus on healthy decision making for youth. [NAME OF COMPARISON PROGRAM] is a [DESCRIPTION OF COMPARISON PROGRAM] program. Your child's assignment to one of the programs will be done by the study team and is completely random – like flipping a coin. Your child will have an equal chance of being placed in either program. They will attend their assigned program, [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM], as part of their participation in the [NAME OF GRANT RECIPIENT PROGRAM]. Your child's participation in the study will not affect their participation in the [NAME OF GRANT RECIPIENT PROGRAM]. Even if you do not allow your child to participate in the study, they can still participate in the [NAME OF GRANT RECIPIENT PROGRAM].
- **Your child will be asked to complete three surveys over the next 6 months.** One survey will be completed before they receive [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM] begins and another will be completed immediately after it ends at the [NAME OF GRANT RECIPIENT PROGRAM]. The final survey will be completed approximately 6 months after the [NAME OF GRANT RECIPIENT PROGRAM] ends. The survey questions will be about friends, well-being, and relationships. The surveys also include questions about attitudes, intentions, knowledge about pregnancy and STDs/STIs, activities, including sexual activity, and drug and alcohol use. Each survey takes about 15-20 minutes to complete. Your child will receive a \$40 gift card for completing the final survey.
- **Your child may be asked to participate in a focus group to learn more about their experience with the [NAME OF SRAE PROGRAM] curriculum or [NAME OF COMPARISON PROGRAM].** A focus group is a small group discussion with up to 10 youth who are participating in the program. Youth will be asked about



their experiences in the program; for example, what they liked and did not like. Focus groups will be led by trained Mathematica staff and are expected to last 40 minutes. Not everyone will be selected to participate in the focus groups. Youth will be asked to participate based on the timing and location of the [NAME OF GRANT RECIPIENT PROGRAM] they participate in. If your child participates then they will receive a \$40 gift card. To assist with notetaking, focus groups will be audio-recorded. All recordings will be stored on a secure network that can only be accessed by a limited number of study team members. Recordings will be destroyed at the end of the study. Please note youth may still participate in the study even if you do not give permission for them to participate in the focus group. You will be given the option to opt your child out of the focus group activity at the end of this form.

What are the risks and benefits to participating?

- **There are no known risks associated with this study.** Your child might feel uncomfortable answering some of the questions in the surveys or focus group. 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 your child to participate, they can choose for themselves whether they want to participate or not. There are no consequences if your child decides not to participate in this research study or if they decide to discontinue participation at any point in the study. They can still participate in the [NAME OF GRANT RECIPIENT PROGRAM] even if they are not participating in the study.

How will my child's privacy be protected?

- For all data collection activities, the responses your child provides will be combined with the responses from other youth participating in the study.
- If you choose to let your child take part in the focus groups, we will use only first names during the discussion. 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.
- Your child's name and responses will not be disclosed or used, in identifiable form.
- All information collected will be securely stored and will not be shared with anyone outside of the study team.
- 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.
- We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your child's privacy. This means no one can force the study team to give out information that identifies you or your child, even in court. However, we may need to share your information if it shows a serious threat to your child or to others.
- 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 study be used?

The study team will write a report for ACF that summarizes the findings from the data collection activities. The study team will publish the results of the study in a peer-reviewed publication and present them at scientific conferences. Your child's name and responses to the survey and focus group will not be disclosed or used in identifiable form.

Who can I contact for more information?

For additional answers to questions about the research and research participant's rights, contact [Institutional Review Board name and contact information].

Agreement to participate

- If you agree, then your child will decide on their own whether to participate. They will be asked to 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 complete and sign the enclosed permission form and return it to
[LOCATION/CONTACT PERSON]. Thank you!**



Parent or Guardian Permission Form

We need your answer, whether it is yes or no.

Please fill out the form and have your child return it [FILL RETURN LOCATION].

In giving permission for my child to participate, I understand my child will be asked to complete three surveys over the next 6 months. By giving permission for my child to be in the study, I agree that this information can be collected, and that my child may receive an email or text message to arrange for them to participate in the follow-up survey. My child may also be asked if they would like to participate in a focus group. I understand participation is voluntary, and my child can stop at any time with no consequences. I also understand that all information about my child will be kept private and used only for the purposes of the study.

I have read the information sheet describing the study. By signing this form, I am saying (CHOOSE ONE):

- ☐ **YES, I agree to all**
- ☐ **YES, I agree but opt out of focus groups**
- ☐ **NO, I do not give permission**

Child's Date of Birth: ____ / ____ / ____
____ Month Day Year

for my child, _____, to participate in the study.

Print Child's Name

Parent/Guardian Signature: _____ **Date:** _____



Voluntary Consent for Youth Over Age 18 to Participate in [STUDY NAME]

Study description and purpose

As part of your participation in the [NAME OF GRANT RECIPIENT PROGRAM], you have the opportunity to participate in a study to understand if the [NAME OF SRAE PROGRAM] curriculum, which is designed to help youth make positive decisions that will impact their health and wellness in a positive way, is effective in improving youth outcomes. [NAME OF SRAE PROGRAM] provides a safe learning environment for youth to explore their goals, values, attitudes and beliefs around sexual health, as well as communication skills and adult learning skills. The study will enroll youth in [TIME PERIOD] and be implemented at [IMPLEMENTATION SITE].

This is a permission form with information to help you decide if you want to participate in the study. Whether your answer is “yes” or “no,” you will receive a \$10 gift card if you complete and return this form.

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 youth. ACF administers the Sexual Risk Avoidance Education grant program, which supports organizations in providing youth with programs such as [NAME OF SRAE PROGRAM].

What will my child be asked to do as part of the study?

- You will have a 50/50 chance of receiving either [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM] program.*** If you choose to participate in the study, you will be randomly placed into a group that will receive either [NAME OF SRAE PROGRAM] program, or the [NAME OF COMPARISON PROGRAM] program. Both programs focus on healthy decision making for youth. [NAME OF COMPARISON] is a [DESCRIPTION OF COMPARISON PROGRAM] program. Your assignment to one of the programs will be done by the study team and is completely random – like flipping a coin. You will have an equal chance of being placed in either program. You will attend their assigned program, [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM], as part of your participation in the [NAME OF GRANT RECIPIENT PROGRAM]. Your participation in the study will not affect your participation in the [NAME OF GRANT RECIPIENT PROGRAM]. Even if you do not choose to participate in the study, you can still participate in the [NAME OF GRANT RECIPIENT PROGRAM].
- You will be asked to complete three surveys over the next 6 months.*** One survey will be completed before you receive [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM] begins and another will be completed immediately after it ends at [NAME OF GRANT RECIPIENT PROGRAM]. The final survey will be completed approximately 6 months after [NAME OF GRANT RECIPIENT PROGRAM] ends. The survey questions will be about friends, well-being, and relationships. The surveys also include questions about attitudes, intentions, knowledge about pregnancy and STDs/STIs, activities, including sexual activity, and drug and alcohol use. Each survey takes about 15-20 minutes to complete. You will receive a \$40 gift card for completing the final survey.
- You may be asked to participate in a focus group to learn more about your experience with the [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM].*** A focus group is a small group discussion with up to 10 youth who are participating in the program. Youth will be asked about their experiences in the program; for example, what they liked and did not like. Focus groups will be led by trained Mathematica staff



and are expected to last 40 minutes. Not everyone will be selected to participate in the focus groups. Youth will be asked to participate based on the timing and location of the [NAME OF GRANT RECIPIENT PROGRAM] they participate in. If you participate you will receive a \$40 gift card. To assist with notetaking, focus groups will be audio-recorded. All recordings will be stored on a secure network that can only be accessed by a limited number of study team members. Recordings will be destroyed at the end of the study. Please note you may still participate in the study even if you do not give permission to participate in the focus group. You will be given the option to opt out of the focus group activity at the end of this form.

What are the risks and benefits to participating?

- **There are no known risks associated with this study.** You might feel uncomfortable answering some of the questions in the surveys or focus group. However, you do not need to answer any questions that make you uncomfortable.
- **Your participation is entirely voluntary.** There are no consequences if you decide not to participate in this research study or if you decide to discontinue participation at any point in the study. You can still participate in [NAME OF GRANT RECIPIENT PROGRAM] even if you are not participating in the study.

How will my privacy be protected?

- For all data collection activities, the responses you provide will be combined with the responses from other youth participating in the study.
- If you choose to take part in the focus groups, we will use only first names during the discussion. You may be in a focus group with up to nine other youth and therefore those youth will know you participated in the group and the feedback you shared during the group.
- Your name and responses will not be disclosed or used, in identifiable form.
- All information collected will be securely stored and will not be shared with anyone outside of the study team.
- 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.
- We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy. This means no one can force the study team to give out information that identifies you, even in court. However, we may need to share your information if it shows a serious threat to yourself or to others.
- 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 collected from the study be used?

The study team will write a report for ACF that summarizes the findings from the data collection activities. The study team will publish the results of the study in a peer-reviewed publication and present them at scientific conferences. Your name and responses to the survey and focus group will not be disclosed or used in identifiable form.



Who can I contact for more information?

For additional answers to questions about the research and research participant's rights, contact [Institutional Review Board name and contact information].

Agreement to participate

You must indicate you give permission to participate by checking the box below and submitting this form.

Please complete and sign the enclosed permission form and return it to [LOCATION/CONTACT PERSON]. Thank you!



Youth Over 18+ Consent Form

We need your answer, whether it is yes or no.

Please fill out the form and return it [FILL RETURN LOCATION].

In giving permission to participate, I understand I will be asked to complete three surveys over the next 6 months. By giving permission to be in the study, I agree that this information can be collected, and that I may receive an email or text message to participate in the follow-up survey. I may also be asked if I would like to participate in a focus group. I understand participation is voluntary, and I can stop at any time with no consequences. I also understand that all information about myself will be kept private and used only for the purposes of the study.

I have read the information sheet describing the study. By signing this form, I am saying (CHOOSE ONE):

- ☐ YES, I agree to all
- ☐ YES, I agree but opt out of focus groups
- ☐ NO, I do not give permission

Date of Birth: ____ / ____ / ____ Month Day
Year

for, _____, to participate in the study.

Print Name

Participant Signature: _____ **Date:** _____



Youth Participation Agreement Form for [STUDY NAME]

Study description and purpose

We invite you to participate in a study as part of the [NAME OF GRANT RECIPIENT PROGRAM]. Your parent or guardian has already provided permission for you to participate, but you can now decide for yourself. This study will help understand if [NAME OF SRAE PROGRAM] curriculum is effective in improving youth outcomes. [NAME OF SRAE PROGRAM] provides a safe learning environment for youth to explore their own goals, values, attitudes and beliefs around their sexual health, as well as communication and adult learning skills. The study will enroll youth in [TIME PERIOD] and be implemented at [IMPLEMENTATION SITE].

This is a permission form with information to help you decide if you want to participate in the study.

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 youth and administers the Sexual Risk Avoidance Education grant program. The Sexual Risk Avoidance Education grant program supports organizations in providing youth with programs such as [NAME OF SRAE PROGRAM] or programs that promote healthy decision making.

What will I be asked to do as part of the study?

- You will have a 50/50 chance of receiving either [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM] program.*** If you choose to participate in the study, you will be randomly placed into a group that will receive either [NAME OF SRAE PROGRAM] program, or the [NAME OF COMPARISON PROGRAM]. Both programs focus on healthy decision making for youth. [NAME OF COMPARISON PROGRAM] is an [DESCRIPTION OF COMPARISON PROGRAM]. Your assignment to one of the programs will be done by the study team and is completely random – like flipping a coin. You will have an equal chance of being placed in either program. You will attend the assigned program, [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM], as part of your participation in [NAME OF GRANT RECIPIENT PROGRAM]. Your participation in the study will not affect your participation in [NAME OF GRANT RECIPIENT PROGRAM]. Even if you do not want to participate in the study, you can still participate in [NAME OF GRANT RECIPIENT PROGRAM].
- You will be asked to complete three surveys over the next 6 months.*** One survey will be completed before the [NAME OF SRAE PROGRAM] or [NAME OF COMPARISON PROGRAM] begins and another will be completed immediately after that program ends. The final survey will be completed approximately 6 months after [NAME OF GRANT RECIPIENT PROGRAM] ends. The survey questions will be about friends, well-being, and relationships. The surveys also include questions about attitudes, intentions, knowledge about pregnancy and STDs/STIs, activities, including sexual activity, and drug and alcohol use. Each survey takes about 15-20 minutes to complete.
- You may be asked to participate in a focus group to learn more about your experience with [NAME OF SRAE PROGRAM] curriculum or [NAME OF COMPARISON PROGRAM].*** A focus group is a small group discussion with up to 10 youth who are participating in the program. Youth will be asked about their experiences in the program; for example, what they liked and did not like. Focus groups will be led by trained Mathematica staff and are expected to last 40 minutes. Not everyone will be selected to participate in the focus groups. If you participate then you will receive a \$40 gift card. To assist with notetaking, focus groups will be audio-recorded. All recordings will be stored on a secure network that can only be accessed by a limited number of study team members. Recordings will be destroyed at the end of the study contract. Please



note that you may still participate in the study even if you do not give permission to participate in the focus group.

What are the risks and benefits to participating?

- **There are no known risks associated with this study.** You might feel uncomfortable answering some of the questions on the survey. If that happens, you do not need to answer any questions that make you uncomfortable.
- If you choose to participate, you will receive a \$40 gift card for completing the 6 month follow up survey. If you are selected and participate in a focus group, you will receive a \$40 gift card.

Do I have to participate?

- No. You can choose to participate or not participate without any consequences. You can still participate in [NAME OF GRANT RECIPIENT PROGRAM] even if you do not agree to join the study. You can also stop participating in the study at any point.

How will my privacy be protected?

- For all data collection activities, the responses you provide will be combined with the responses from other youth participating in the study.
- Nothing will be shared with your parents, teachers, or anyone outside of the study team. 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.
- All information collected will be kept in a secure location for the study team to use, and we will destroy the information at the end of the project.
- If you choose to take part in the focus groups, we will use only first names during the discussion. You may be in a focus group with up to nine other youth and therefore those youth will know you participated in the group and the feedback you shared during the group.
- We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy. This means no one can force the study team to give out information that identifies you, even in court. However, we may need to share your information if it shows a serious threat to you or to others.

How will the information from the study be used?

The study team will write a report for ACF that summarizes the findings from the data collection activities. The study team will publish the results of the study in a peer-reviewed publication and present them at scientific conferences. Your child's name and responses to the survey and focus group will not be disclosed or used, in identifiable form.

Who can provide more information about this study?

For additional answers to questions about the research and research participant's rights, contact [Institutional Review Board name and contact information].



Agreement to participate

- By signing below, you agree to participate in the study.
- Your signature means that you have read and understood the information provided above.

☐

I accept the terms described above and will voluntarily participate in all parts of the study.

☐

I accept the terms described above and will voluntarily participate in the study, but opt out of the focus groups.

Print your name

Your Signature

Date