

**EVALUATION OF THE COMPREHENSIVE ADOLESCENT PREGNANCY PREVENTION (CAPP) AND  
PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) INITIATIVES:  
EVIDENCE-BASED PROGRAM SURVEYS**

**Parental Information and Permission Form**

*(For Parents/Guardians of Participants Younger than 18 Years of Age)*

We ask that you read this form and ask any questions you may have before agreeing to have your child complete an anonymous pre/post or entry/exit survey as part of a program in which they are participating.

**What the project is about:** The purpose of this project is to *evaluate the effectiveness* of adolescent sexual health Evidence-Based Programs (EBPs) on changing adolescent participants' knowledge of, attitudes towards, and actions regarding healthy sexual behaviors. These programs are being delivered by sexual health provider groups funded by the New York State Department of Health (NYS DOH) through the Comprehensive Adolescent Pregnancy Prevention (CAPP) and Personal Responsibility Education Program (PREP) initiatives, a statewide primary prevention initiative implementing evidence-based programming to promote health and reduce risk. You have already received information about this program and have given permission for your child to participate. The purpose of *this* form is to tell you about the evaluation of the programs. Researchers from the ACT for Youth Center of Excellence at Cornell University are conducting this evaluation project.

**What we will ask your child to do:** If you give permission for your child to be in this evaluation project, we will ask your child to complete an anonymous survey on the first day of the program and an anonymous survey in the final program session, after all the program lessons are complete. We will have no way of telling which responses came from your child and which came from other youth participants. These surveys include content from the program and will be given by the program educator. We anticipate that each survey should take about 15 minutes to complete.

**Risks and benefits of being in the project:** Your child will not face any risks from participating other than those faced in day-to-day life. The surveys will **not** ask for names or other identifying information. The benefits from participating in this evaluation project include a chance to reflect on how the program has impacted personal attitudes and actions about making healthy decisions and reducing risky behaviors. It also helps evaluators understand how effective this program is or is not.

**Taking part is voluntary:** Your decision about whether or not your child can participate will not affect your current or future relationship with Cornell University or with other organizations involved in the project. We will also talk to your child about participating, and if your child decides to participate in the evaluation, he or she is free to stop participating at any time with no consequences. Your child may also refuse to answer any individual question on the surveys. Additionally, you or your child may decline to participate in the surveys but still participate in the program.

**Your child's responses are confidential:** The records of this project will be kept private. Only the Cornell University researchers responsible for the project will be able to look at the records. Your child will be asked to NOT record his or her name on the surveys. No personally identifying information will be collected so there is no way to link an individual student with his/her survey responses. The reports we may publish on this project will not contain information that would make identification of your child possible. We will inform your child of his/her confidentiality as well.

**If you have questions:** Please ask any questions you have now, before you sign the form. If you have questions later, you may contact the Cornell University researcher responsible for this project, Jane Powers, by email at [jl5@cornell.edu](mailto:jl5@cornell.edu) or by calling or 607-255-3993. If you have any questions or concerns regarding your child's

rights as a participant in this study, you may contact the Institutional Review Board (IRB) at ([irbhp@cornell.edu](mailto:irbhp@cornell.edu)) or 607-255-5138 or access their website at <http://www.irb.cornell.edu>. You may also report your concerns or complaints anonymously through [Ethicspoint](http://www.ethicspoint.com) ([www.ethicspoint.com](http://www.ethicspoint.com)) or by calling toll free at 1-866-293-3077. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured.

If you agree to give permission for your child to complete these surveys, you do not need to do anything more. Please note your child may still decline to participate at the time the surveys are given out.

**If you DO NOT give permission for your child to complete these surveys, please sign and date this form and have your child return it to his/her teacher. You will be given a copy of this form to keep for your records.**

**I do NOT give permission:**

By filling in the following, you are indicating you DO NOT you give your child permission to complete the surveys. Please have your child bring this completed form to school.

I have read the above information, and have received answers to any questions I asked.

Please sign below:

I **DO NOT** consent, and therefore refuse, to having my child complete the surveys.

Your child's name: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

Your printed name: \_\_\_\_\_

Please keep the second copy of this form for your records.

Printed name of person obtaining this form: \_\_\_\_\_

*This consent form will be kept by the researcher for at least three years after the end of the study. It was approved by the IRB on November 27, 2013.*