

New York City Department of Education
Institutional Review Board
Parental Consent Form for Child Participation in an Evaluation of
Evidence-Based Adolescent Sexual Health Program

1. Title of evaluation and general information.

Study title: Evaluation of the NYS DOH Adolescent Sexual Health Education Initiative

Study number: 3777

IRB of Record: Cornell University, ID#1105002214

Participation duration: Participants will partake in 2 surveys, lasting approximately 15 minutes each, one at the beginning of programming and one at the last session of programming which can vary anywhere between 6 to 16 sessions depending on the Evidence Based Program (EBP) being used.

Anticipated total number of research participants: 5,000-10,000 youth

Sponsor/Supporter: HHS

2. Researchers' contact information.

Principal Investigator: Amanda Purington, PhD, Cornell

University **Phone Number:** 607-255-1861

Email Address: ald17@cornell.edu

3. What information is on this form?

We are asking your child to take part in an evaluation.

This form explains why we are doing this evaluation and what your child will be asked to do if you choose for your child to be in this evaluation. It also describes the way we (Researchers) would like to use and share information about your child.

Please take the time to read this form. We will talk to you and your child about taking part in this evaluation. You should ask us any questions you have about this form and about this evaluation.

Your child does not have to participate if you or they don't want to participate.

4. Why is this evaluation being done?

We are doing this evaluation to learn more about the effectiveness of adolescent sexual health Evidence-Based Programs (EBPs) on:

- delaying the start of sexual activity;
- decreasing adolescent pregnancy rates;
- and/or changing adolescent participants' knowledge of, attitudes towards, and actions regarding healthy sexual behaviors.

5. Who is being included?

Your child is being asked to participate in this evaluation because they are participating in the Evidence-Based Programming that we are evaluating. All students at schools participating in the Evidence-Based Programming we are evaluating are included in this evaluation.

6. What will my child be asked to do if I choose for them to be in this evaluation?

We will ask your child to complete two anonymous surveys. The first survey will be on the first day of the program and the second survey will be on the final day of the program after all of the program lessons are complete.

If your child decides to participate in the evaluation they are free to stop participating or refuse to answer any questions at any time with no consequences. Additionally, you or your child may decline to participate in the surveys but still participate in the program. 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.

7. Are there any risks?

We do not think that the risks associated with taking part in this evaluation are greater in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests. Some of the questions are sensitive but your child can skip questions if anything makes them uncomfortable. They can also always talk to their program leader if they have questions or concerns.

8. Are there any benefits?

Your child may or may not receive direct benefit from taking part in this evaluation. The possible benefits of taking part in this evaluation 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.

9. What about my privacy?

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 their name on the surveys. No personally identifying information will be collected so there is no way to link an individual student with their 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 their confidentiality as well.

You may change your mind and revoke (take back) this consent at any time and for any reason. To revoke this consent, you must contact the Principal Investigator, Amanda Purington, by email at ald17@cornell.edu or by calling 607-255-1861.

If you revoke your consent, your child will not be allowed to continue taking part in this evaluation. Even if you revoke this consent, the Researchers may continue to use and disclose the information they have already collected.

There are some research personnel participating in this evaluation who are mandated reporters, which means that they are required to report suspected child abuse or maltreatment when they are presented with information that indicates abuse or maltreatment may be occurring. This evaluation does not ask questions specifically about these topics.

10. Will I get paid or be given anything to take part in this evaluation?

Your child will not receive any payment or other reward for taking part in this evaluation.

11. Will I incur costs if I take part in this evaluation?

There will be no costs to your child for being in this evaluation.

12. What are my rights if I take part in this evaluation?

Taking part in this evaluation is your choice. You can decide not to take part in or stop being in the evaluation at any time. If you decide not to participate, there will be no penalty to you.

Your child's participation or non-participation in this evaluation will in no way affect their grades, academic standing, or any other status.

13. Who can I call if I have questions?

You may call Amanda Purington at telephone # 607-255-1861 or email ald17@cornell.edu if you have any questions or concerns about this evaluation.

If you have any questions about your child's rights as a participant, or if you have a concern about this evaluation, you may contact the Institutional Review Boards listed below.

Institutional Review Board
New York City Department of Education
52 Chambers Street, Room 310
New York, NY 10007
Telephone: (212) 374-3913
MAzar@schools.nyc.gov

Institutional Review Board (IRB)
Cornell University
Email: irbhp@cornell.edu
Telephone: 607-255-5138
Website: <http://www.irb.cornell.edu>

For anonymous complaints:
Ethicspoint*
Website: www.ethicspoint.com
Telephone: 1-866-293-3077

*Ethicspoint is an independent organization that serves as a liaison between Cornell University and the person bringing the complaint so that anonymity can be ensured

14. OPPORTUNITY TO OPT OUT

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 their 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 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 have asked.

Please sign below:

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

Your Signature

Date

Your Printed Name

Print Name of Child Research Participant

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.