



Evaluation of Missouri's Personal Responsibility Education Program (PREP) or Sexual Risk Avoidance Education (SRAE) Program

Adult Participant Consent Form

You are being asked to give permission to participate in a teen pregnancy prevention program and evaluation. You will be participating in one of the following programs being offered in Missouri:

- Teen Outreach Program (TOP)
- Becoming a Responsible Teen (BART)
- Making Proud Choices (MPC)
- Making A Difference (MAD)
- Promoting Health Among Teens (PHAT)

The goal of each of these programs is to educate and support adolescents to make informed decisions, develop life skills, and practice healthy behaviors now and in the future for successfully transitioning from adolescence to adulthood. The topics include assertive communication skills, handling peer pressure, and how to make responsible decisions in relationships. In addition, the program teaches youth how to protect themselves from unwanted pregnancies and sexually transmitted diseases (including HIV/AIDS).

Evaluators at the University of Missouri will be monitoring your participation and satisfaction as well as the benefits you receive from the program. In order to do this, surveys will be given to you at the beginning of the program and the end of the program. Each survey will take about 20 minutes to complete.

The surveys will ask you about:

- Ethnicity, gender, who you live with, parents' education levels
- Whether or not you plan to continue schooling, to engage in sexual activity, and to use protection during sexual activity
- School attendance, grade level, suspension, and course failure
- Health Information about pregnancy, parenting, and sexual activity/sexuality
- Your experience in the program and ability to use the skills developed during the program.

Participants in this program will benefit by receiving knowledge and skills for successfully transitioning from adolescence to adulthood. The evaluation surveys will help the evaluators understand the overall satisfaction with and benefits of the program. The possible risks associated with participation in the evaluation surveys include a breach of confidentiality and possible discomfort while answering the survey questions. Steps have been taken to minimize these risks.

You will only identify yourself on the surveys using a confidential ID number. Your responses to the surveys will be kept confidential and stored in a locked cabinet. The University evaluation team will only report group information, and no identifying information from you will be shared with anyone.

Your participation in the surveys is voluntary.

You will be able to skip any part of the survey in which you do not wish participate. You may stop participating in the evaluation surveys at any time. If you choose not to participate in the evaluation surveys, then you can still participate in the program.

If you have questions about the evaluation, you can contact Kristi Ressel, Principal Investigator, at 573-882-1739.

Evaluator's Name(s): Kristi Ressel

Please check the appropriate boxes and sign below.

Consent to participate in a PREP or SRAE program

I give my consent to participate in this PREP/SRAE Program. I am aware of the program content, and I am willingly participating in all aspects of the program under the supervision of PREP/SRAE staff.

Yes, I agree to participate in a PREP/SRAE program

No, I do not want to participate

Consent to participate in surveys & data collection

I give my consent to participate in pre and post program surveys. The University may share group information with the program creators and/or Missouri Department of Health and Senior Services.

Yes, I agree to participate in the evaluation

No, I do not want to participate in the evaluation

(Signature)

Date

(Agency/Authorized Signature)

Date

Full Legal Name (First, Middle, Last)

Date

Date of Birth (Month/Day/Year)

Evaluator's Name(s): Kristi Ressel