

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

Parent/Guardian Consent Form

You are being asked to give permission for your youth to participate in a teen pregnancy prevention program and evaluation. Your youth 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 gathering data on your youth's participation and satisfaction as well as the benefits he/she receives from the program. In order to do this, surveys will be given to your youth 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 your youth about:

- Ethnicity, gender, who they live with, parents' education levels
- Whether or not they 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
- Their experience in the program and their abilities 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.

Your youth will only use a confidential ID number. His or her name will never appear on the surveys. Your youth's 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 your youth will be shared with anyone.

Your youth's participation in the surveys is voluntary.

Your youth will be able to skip any question that he or she does not wish to answer. They may stop participating in the evaluation surveys at any time. If your youth chooses not to participate in the evaluation surveys, he/she can still participate in the program.

If you have questions about the evaluation, you can contact Nana Adjoa Aikins, Principal Investigator, at motppevaluation@missouri.edu.

Evaluator's Name(s): Nana Adjoa Aikins

Please check the appropriate boxes and sign below.

Consent to participate in a PREP or SRAE program

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

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Yes, I allow my youth to participate in a PREP/SRAE program

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No, my youth cannot participate

Consent to participate in surveys & data collection

I give my consent for my youth 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.

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Yes, I allow my youth to participate in the evaluation

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No, my youth cannot participate in the evaluation

(Parental/Legal Guardian Signature)

(Agency/Authorized Signature)

Student's Full Legal Name (First, Middle, Last)

Student's Date of Birth (Month/Day/Year)

Evaluator's Name(s): Nana Adjoa Aikins