

## **Parent/Guardian Informed Consent Form**

*Please read this parent/guardian form carefully and sign at the bottom.*

### **Purpose**

The Personal Responsibility Education Program (PREP) teaches youth about healthy relationships, education and career success, and healthy life skills. PREP also teaches teens how to prevent pregnancy and sexually transmitted diseases (STDs). To help decide if this program is doing well at teaching youth how to make good decisions, we are asking participants to fill out a survey. This survey will ask for basic information such as age and gender. It will also ask questions about peer pressure, stress, making healthy choices, and preventing pregnancy and STDs. Information from this survey will be used for research, both here in Utah and across the country.

### **Procedure**

Your child will be asked to fill out a paper survey at the start and end of the PREP program. The survey will take about 10-15 minutes to complete. The survey is anonymous, meaning it will not ask for any information that can identify or be linked to your child.

### **Benefits**

The survey has no direct benefits for your child. Indirect benefits include helping to decide if this program is doing well at teaching youth to make healthy decisions and a chance to make the program better for other participants.

### **Risks**

There are few risks in taking this survey. One possible risk is that your child may feel uncomfortable with some of the questions asked in the survey. If this happens, your child is free to skip any question he/she does not feel comfortable answering.

### **Privacy**

All survey answers will be kept private. Names and other information which could identify your child will not be gathered. All finished surveys will be kept in locked files.

### **Voluntary**

Participation in this survey is voluntary. Your child has the right to refuse to take this survey. They also have the right to refuse to answer any questions. Your child can choose to stop taking the survey at anytime. If you do not want your child to participate or your child does not want to finish the survey, they can still be part of the PREP program.

### **Costs**

The survey will not cost anything. There will be no payment for participating.

**Person to Contact**

If you have questions, concerns, or complaints about this survey, contact:  
(Sub-awardee Program contact information will be inserted here)

If you have questions about survey participant rights, contact Iona Thraen, Committee Chairperson, Utah Department of Health, Ethics/Institutional Review Board at (801) 273-6601

**Parent/Guardian Consent**

I have read this consent form and have had the chance to ask questions. I will be given a signed copy of the consent form to keep.

I give permission for my child, \_\_\_\_\_, to participate.

I **DO NOT** give permission for my child, \_\_\_\_\_, to participate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Youth Participant Assent Form**

*Please read this participant form carefully with your parent/guardian and sign at the bottom.*

### **Purpose**

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### **Procedure**

You will be asked to fill out a paper survey at the start and end of the PREP program. The survey will take about 10-15 minutes to complete. The survey is anonymous, meaning it will not ask for any information that can identify or be linked to you.

### **Benefits**

The survey has no direct benefits for you. Indirect benefits include helping to decide if this program is doing well at teaching youth to make healthy decisions and a chance to make the program better for other participants.

### **Risks**

There are few risks in taking this survey. One possible risk is that you may feel uncomfortable with some of the questions asked in the survey. If this happens, you are free to skip any question that you do not feel comfortable answering.

### **Privacy**

All survey answers will be kept private. Names and other information which could identify you will not be gathered. All finished surveys will be kept in locked files.

### **Voluntary**

Participation in this survey is voluntary. You have the right to refuse to take this survey. You also have the right to refuse to answer any questions. You can choose to stop taking the survey at anytime. If you do not want to participate or finish the survey, you can still be part of the PREP program.

### **Costs**

The survey will not cost anything. There will be no payment for participating.

**Person to Contact**

If you have questions, concerns, or complaints about this survey, contact:  
(Sub-awardee Program contact information will be inserted here)

If you have questions about survey participant rights, contact Iona Thraen, Committee Chairperson, Utah Department of Health, Ethics/Institutional Review Board at (801) 273-6601

**Youth Participant Assent**

I have read and understood this form and have had the chance to ask questions. I choose to participate in the survey and understand my right to stop participating at anytime. I will be given a signed copy of this form to keep.

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date