

PERSONAL RESPONSIBILITY EDUCATION PROGRAM EVALUATION
Principal Investigator: Claire Brindis, DrPH
University of California, San Francisco

What is the Personal Responsibility Education Program Evaluation?

This is an evaluation of an adolescent sexual health education program funded by the Family and Youth Services Bureau under the direction of the State of California's Maternal, Child and Adolescent Health Division. It is conducted by researchers at the University of California, San Francisco, under Dr. Claire Brindis, DrPH. As part of the evaluation, participants are asked to complete a survey to see how well the programs educate youth about adolescent sexual and reproductive health. Some questions ask about your child's own sexual behavior. Participation is voluntary. Your child is being asked to take part in the survey because s/he is taking part in a sex education/health program this year. The purpose of this evaluation is to learn more about what youth think and what they learn from their sex education/health programs. About 16,000 youth in California will take part in this evaluation each year.

Does my child have to take part?

No. Taking part in this evaluation is voluntary. Even if you give permission, your child may skip questions or decide not to fill out the survey at all. If your child decides not to take part in the survey, it will not affect his/her participation in any program or activity or his/her grades at school. If you decide your child should not take part, or if your child chooses not to take part, the person giving the survey or your child's teacher will give your child another activity to do during the survey.

What will happen if my child takes part in this evaluation?

Your child will fill out a survey two times—once at the beginning of the program and once when the program is complete. The survey should take about 10 minutes to fill out each time.

How are my child's answers kept private?

This survey is anonymous; your child's name will not go on the survey. There is no other way that the answers will be linked to your child. If information from this evaluation is published or presented at scientific meetings, no names or personal information will be used.

What risks can my child expect from being in the evaluation?

This project presents little risk to the youth taking part. No names will be used in any reports about this evaluation. Your child might feel uncomfortable reading or answering questions about sexual activity. Your child does not have to answer any questions if s/he does not want to. If your child decides not to take the survey, it will not affect whether s/he can take part in any program or activity, and will not affect his/her grades.

Are there benefits to taking part in the evaluation?

There will be no direct benefit to your child for taking part. However, the survey results may help health professionals improve educational programs aimed at improving adolescent sexual and reproductive health.

Is there a cost to be in this evaluation? Will my child be paid for participation?

There is no charge for being in this evaluation. Your child will not be paid for taking part in this evaluation.

What if I have comments or concerns about my child taking part in this evaluation?

If you have any comments or concerns about your child taking part in this evaluation, you should first talk with the health educators that are distributing the survey: **Sharon Maher, Lake Family Resource Center, 707-279-0563**. You may also call Dr. Claire Brindis, Principal Investigator, at (415) 476-3375 at the University of California, San Francisco. You may call collect.

Taking part in this evaluation is your and your child's choice. You and your child may choose either to take part or not to take part. No matter what decision you make, there will be no penalty to you or your child in any way. See the Research Participant's Bill of Rights for more information.

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Parent/Guardian Withdrawal Form

We are asking for your permission to allow your child to take part in an evaluation of a sex education/health program. The evaluation is conducted by Dr. Claire Brindis, DrPH of the University of California, San Francisco and is funded by the Family and Youth Services Bureau under the direction of the California Department of Public Health's Maternal, Child and Adolescent Health Division. The evaluation consists of a survey about your child's health. The questions on the survey cover topics such as sexual activity, knowledge of reproductive health and services, and opinions about the program. Some questions ask about your child's own sexual behavior. Project staff will give the survey. The survey results will help us find out if the program is successful in educating youth about teen sexual and reproductive health. If you do not want your child to complete the survey, s/he will still be allowed to take part in the program.

THERE ARE NO NAMES ON THE SURVEY. Your child will not be asked to put his/her name on the survey.

PARTICIPATION IS VOLUNTARY. Your child has the right not to be in this evaluation or to stop being in the evaluation at any time. Choosing not to fill out the survey will not affect his/her ability to take part in any program or activity, or his/her grades in school.

If you have any questions, or would like to see a blank copy of the survey, please call **Sharon Maher, Lake Family Resource Center, 707-279-0563**

If you do not want your child to complete the survey you must return this form to your child's school by 10/29/18

RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE

My child, _____
(Please print your child's name)

MAY NOT participate in the evaluation (survey)

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

THANK YOU FOR YOUR CONSIDERATION



**Personal Responsibility and Education Program (PREP)
PARENTAL CONSENT TO PARTICIPATE IN A
SCHOOL-BASED SEXUAL HEALTH EDUCATION PROGRAM**

We are asking for your permission to allow your child to participate in a sex education/health program at school. The Personal Responsibility Education Program is a teen pregnancy prevention program funded by the Maternal, Child and Adolescent Health Division of the California Department of Public Health. The program educates adolescents on pregnancy prevention, STIs, and HIV/AIDS through age appropriate and scientifically-based program models. The models also incorporate positive youth development/adolescent development topics. The Making Proud Choices curriculum places emphases on condom use and contraception.

RETURN THIS FORM IF YOU **DO NOT** WANT YOUR CHILD TO PARTICIPATE

My child, _____
(Please print your child's name)

MAY NOT participate in the program.

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

If you have any questions, or would like to review the curriculum please call **Sharon Maher from Lake Family Resource Center at 279-0563.**

THANK YOU FOR YOUR CONSIDERATION