



PARENT CONSENT FORM
Personal Responsibility Program (PREP)

Dear Parent/Guardian:

The Worthy Institute, LLC is partnering with community organizations and faith based groups to conduct a Personal Responsibility/Sexual health education program.

This program which centers on sexual health, HIV/AIDS prevention and character development will utilize evidence based curriculums that involve group discussions, videos, games, brainstorming, experiential exercises, and skill-building activities. Themes will also encourage participants to behave responsibly for the sake of themselves and their community.

The Worthy Institute, LLC encourages all parents and families to support abstinence among youth. Although this workshop will touch on the subject of abstinence, please note that the evidence based curriculum which is used for this program, “Be Proud! Be Responsible!”, also focuses on educating youth about taking personal responsibility for their actions if they choose not to abstain.

Evaluation Consent:

The ADHS evaluation has been reviewed and accepted by the ADHS Human Subjects Review Board. In compliance with the Human Subjects Review Board, no names or birthdates are collected on the evaluation and no identification numbers are assigned. No data will be reported by individuals, classroom or schools. Only aggregate (group) data will be reported so there is nothing to identify a youth who completes the evaluation. All evaluation information will be kept confidential. ADHS and approved contractors operate a secure environment to collect and store information from student participants enlisted in the PREP program. ADHS will collect the following types of information directly from participant evaluations:

- Demographics – Age, race, ethnicity, gender, and county of residence
- Health information - Pregnancy, views toward abstinence, and consequences of teen sexual activity
- Skills – decision-making, refusal, and negotiation skills
- Other – knowledge about healthy relationships, peer influence, self-esteem and self-efficacy
- Opinions about their experience during their participation in the program and program satisfaction

I understand that 1) ADHS will use the participants’ responses for the purpose of program improvement, assessing whether critical program components or activities were implemented and whether they had an impact upon determinants, important behaviors and overall health goals; 2) that participating in the evaluation is voluntary and that I may elect for my child to participate or discontinue participation in the



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program and evaluation at any point without any risk; 3) that if consent is not provided, arrangements will be made in conjunction with school/site personnel to ensure an alternative placement is identified during program facilitation; 4) that ADHS will not require my child to disclose more information than is reasonably necessary as a condition of participation; 5) that I can request to view of the curriculum and/or evaluation tool at any time; 6) that ADHS will not share individual responses with third parties, schools personnel, parents or staff ; and 7) that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

I give my consent to allow my child to participate in the ADHS Evaluation: YES NO

I grant permission for my child, _____ to participate in the scheduled activities/discussions as described above.

Parent/Guardian Printed: _____

Parent/Guardian signature: _____

Phone Number: _____ Date: _____