



Georgia Personal Responsibility and Education Program Evaluation Team
Georgia State University
Department of Educational Policy Studies
Dr. Sheryl Gowen, PI
Funded by the Georgia Department of Public Health

Participant Survey Parent Permission Form

I. Purpose

Your child is invited to participate in an evaluation. The study will assess the effectiveness of PREP. About 10,000 PREP youth will be invited to participate. Participation will take about 30 minutes of your child's time. The study will take place via online surveys.

II. Procedures

If you decide to allow your child to participate, he or she will take two surveys during PREP program time. The Entry Survey will assess what PREP youth know about relationships, sexuality, and health. It will also assess PREP youth's risk-taking behaviors. The Exit Survey will evaluate the outcomes of PREP. Your child's PREP facilitator will give your child a link to the online surveys.

III. Risks

There is a possibility that taking these surveys may make your child feel uncomfortable. If your child experiences any discomfort, there is free help available. Contact the Georgia Crisis Access Line (GCAL) at 1-800-715-4225 or www.mygcal.com.

IV. Benefits

Participation in this study may not benefit you or your child personally. Overall, we hope to gain information about how to make PREP an even better program.

V. Voluntary Participation and Withdrawal

Participation in research is voluntary. Your child does not have to be in this study. If you decide to let your child be in this study and change your mind, you have the right to remove your child. Your child has a right not to participate. Your child may skip questions. Your child may stop the survey at any time. Whatever you decide, your child will not lose any benefits to which he or she is otherwise entitled.

VI. Confidentiality

We will keep records private to the extent allowed by law. The following people and entities will have access to the information provided: Dr. Sheryl Gowen (PI), Dr. Syreeta Skelton, Rosalyn Martin, Tessa Johnson, David Fikis, and the Georgia Department of Human Services (Funder).

We will use a study number rather than names on study records. The information provided will be stored on password- and firewall-protected computers. The identity of the participant's name will not be stored, nor will a key (code sheet) be used to identify the participant or the like. When we present or publish the results of this study, we will not use the participant's name or other information that may identify them.

The internet is used in this study. Confidentiality on the internet has limits. Data sent over the Internet may not be secure, but special procedures to protect the data such as encryption via the HTTPS protocol are used, and IP addresses are collected only to ensure the authenticity of data.

VII. Contact Information

Contact Dr. Sheryl Gowen at 404-413-8031, sgowen@gsu.edu if you have questions about this study.



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VIII. Permission

Please select ONE option:

- I have read and understood the description of the evaluation. I give permission for my child to participate.
- I do not permission for my child to participate.

Please complete and sign below:

Child's Legal Name

Signature of Parent or Legal Guardian

Date