

Adolescent Health and Youth Development (AHYD)

Parent Consent Form

Principal Investigator: Kia Toodle, 404-697-5984 Director, Chronic Disease Prevention Section, Georgia Department of Public Health, Atlanta, Georgia	Co-Investigators: Phil Oliver 404-574-9322 Program Manager, Adolescent Health and Youth Development Program, Georgia Department of Public Health, Atlanta, Georgia
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Introduction

The Georgia Department of Public Health offers a comprehensive prevention approach program geared towards helping youth attain healthy, productive adolescents. The program targets youth 10-19 years and is implemented in 13 health districts. The aim of this pilot study is to assess the effectiveness of the various AHYD strategies through examination of the implementation and outcomes of the planned strategies.

What is AHYD Program?

AHYD program is an empowering program designed to help youth improve their knowledge and skills related to reducing risky behaviors that lead to pregnancy and contraction of HIV/STIs and which affect their school performance and graduation rates. The program entails the implementation of various strategies, including training youth using an evidence-based curricula.

What is my child's role?

As part of this project, your child will be asked to

- Go through the assent process and show your willingness to participate in the project
- Complete a pre assessment survey
- Participate in at least 9 modules of the risk reduction curricula training
- Complete a post assessment survey
- Complete a follow-up assessment after 3 months of finishing the training and
- Participate in a debriefing session to understand why he/she was asked to be a part of the study

Risks, Benefits, and Confidentiality

Apart from the normal discomfort involved in filling out surveys, it is not expected that your child's participation in this project will pose any risk to him/her. Your child's name will not be linked to his/her responses to the survey questions.

Any surveys that might have mistakenly included names or other identifying information will be destroyed immediately and the results will be reported as a group. Your child may withdraw his/her participation at any time that he/she may want to, without any consequences. The completed surveys will be locked up in a cabinet located in Georgia Department of Public Health office.

Your child will learn more about adolescent health needs and increase their knowledge and skills related to reducing risky behaviors.

Agreement to participate

If you do not want your child to participate in this project, please sign and return this form. **By not returning a signed consent form**, you are agreeing to have your child automatically enrolled in AHYD evaluation project and to allow Georgia Department of Public Health to use your child's information for determining the effectiveness of AHYD program in helping youth become empowered to adopt healthy lifestyles that will ultimately help them attain healthy, productive adolescent life stage.

Print Child's Name

Grade

Print Parent/Guardian Name

Today's Date

Parent/Guardian Signature

Please contact Phil Oliver with any additional questions at phillip.oliver@dph.ga.gov .