

Georgia State University  
Department of Educational Policy Studies  
Evaluation Study of the Georgia Personal Responsibility Education Program (PREP)  
Parent Permission Form

Principal Investigator: Sheryl Gowen, Ph. D.  
Sponsor: Georgia Department of Public Health

I. Purpose

Your child is invited to participate in a research study. 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. Your child may also be invited to participate in a follow-up survey three months after his or her participation in PREP. Approximately 4,000 PREP youth will be invited to participate in the follow-up survey. The follow-up survey will take approximately 15 minutes of your child's time.

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. The follow-up survey will ask the same questions three months after the program to see if your child's answers are the same. Your child's PREP facilitator will give your child the surveys in a group with other PREP youth.

III. Risks

There is a possibility that taking these surveys may make your child feel uncomfortable. If your child's experiences any discomfort, there is free help available. Contact the Georgia Crisis Access Line (GCAL) at 1-800-715-4225 or [www.mygcal.com](http://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 your child's records private to the extent allowed by law. Dr. Sheryl Gowen and Mr. David Fikis will have access to the information your child provides. Information may be shared with those who make sure the study is done correctly (GSU Institutional Review Board, The Office for Human Research Protection, and/or the Georgia Department of Public Health). Your child's name will not appear on the study records. The study records will be stored on password and firewall-protected computers. Your child's name and other facts will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally.

Contact Dr. Sheryl Gowen at 404-413-8031, [sgowen@gsu.edu](mailto:sgowen@gsu.edu) if you have questions about this study. If you have questions or concerns about your child's rights as a participant in the study, contact Susan Vogtner in the Office of Research Integrity at 404-413-3513, [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu). You may also contact the Georgia Department of Public Health Institutional Review Board, (404) 657-6645.

We will give you a copy of this parent permission form to keep.

If you are willing to let your child be in this study, please sign below.

I have read the description of the study. I give permission for my child to participate.

Yes  No

\_\_\_\_\_  
Child's Legal Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian

*Sheryl Gowen*

\_\_\_\_\_  
Signature of Principal Investigator or Researcher Obtaining Consent

\_\_\_\_\_  
Date

*5/5/15*  
Date