

Dear Parent/Legally Authorized Adult:

During the 2019-20 school year, your child/children are invited with their classmates to participate in [prevention program name], an evidence-based substance abuse prevention program. Evidence-Based Substance Abuse prevention programs are shown to lead to positive youth outcomes. This program is funded through a grant provided by the Iowa Department of Public Health. To evaluate the effectiveness of the program, students will be asked to complete a short confidential and voluntary survey at the beginning and end of the program. The survey should take less than 10 minutes to complete and will be done using paper and a pencil.

To ensure parent approval, a “passive consent” procedure will be followed. Passive consent has three parts:

1. An Information Summary to give you basic information about the substance abuse prevention program and evaluation (below).
2. An opportunity for you to read the evaluation questions at your child's school or [online on the Iowa Department of Public Health website](#) before your child/children volunteer to answer the questions.
3. An opportunity for you to provide written refusal if you **do not** want your child/children to participate in the program or complete the evaluation.

### **Part 1. The Information Summary**

#### *Parental Rights:*

- You have the right and the responsibility to be informed about what your child volunteers to participate in at school.
- You have the right to receive accurate information about the substance abuse prevention program and evaluation so you can make decisions for your family.

#### *Prevention Program Content:*

The substance abuse prevention program being implemented is based on research that demonstrates how to effectively work with youth to prevent substance abuse. The substance abuse prevention program occurs over multiple sessions with the same classmates throughout. The group will learn why substance abuse is harmful to their health and the risks associated with substance abuse.

#### *Evaluation Survey Content:*

The survey will have sensitive questions about tobacco, alcohol, illegal drugs. It is important to remember that our youth do not live in identical environments. If we are going to plan programming that prevents substance abuse, we need to know whether the programs are effective and work well within our schools and communities.

#### *Confidentiality:*

All information collected will be confidential. Students will not put names, birthdates, or student numbers on the survey; each student will be assigned a distinct and unique ID value that will be recorded on the survey each time. [Agency name] will keep a list matching each youth to their respective ID value, with no one else having access to this information. Individual data will not be reported or reviewed, rather aggregate (population-level) data for the school, community, or all youth across Iowa who participated in the same program will be reported. These data will be reviewed/analyzed by an independent evaluation organization identified by the Iowa Department of Public Health.

*Compensation:*

There will be no compensation or reward for youth participating in the prevention program or evaluation.

*Voluntary:*

- All youth involved in the [prevention program name] will be invited to complete the evaluation. Each youth will have the right to refuse to participate in the evaluation to refuse to answer any questions on the survey. If youth decide they want to change their mind and quit answering the survey during the survey, they may do so.
- If, as a parent or legally authorized representative, you do not want your child/children to participate in either the program or evaluation, you must send the school the *Refusal of Consent* form provided at the end of this letter (Part 3). The *Refusal of Consent* form allows you to opt your child(ren) out of the evaluation or both the program and evaluation. Your child/children will be provided a neutral activity during the program sessions or evaluation survey period. There is no penalty for anyone who decides not to participate in either the program or evaluation.
- Whether a youth completes the evaluation process has no influence on whether they can participate in the prevention program.

*Risk:*

There is no direct risk involved in participating in the program or the evaluation. Participants may find some questions uncomfortable to answer. They may skip any question on the evaluation survey they do not wish to answer or stop completing the survey entirely at any point.

*Benefits:*

Research has shown that substance abuse prevention programs reduce youth substance abuse and risk factors, while strengthening protective factors. There are no direct benefits to youth from completing the evaluation. Evaluation results will assess prevention programming and ensure Iowa youth are being served effectively and appropriately

*Questions:*

If you have any questions regarding your child’s participation, please contact Julie Hibben, Project Director at the Iowa Department of Public Health at (515) 725-7895.

**Part 2: Reviewing the Evaluation Survey**

A copy of the evaluation survey will be available to preview at the school office and [online on the Iowa Department of Public Health website](#).

**Part 3: Refusal of Consent**

I have read the Information Summary provided. I understand that my child/children’s participation in the substance abuse prevention program and evaluation is strictly *voluntary*. I also understand my right to review the survey online, at the school office and/or District Administration Office.

I **do not** want my child/children listed below to participate in the substance abuse prevention program or evaluation as indicated below. I understand that a neutral activity will be provided for them during the program sessions and evaluation, and that there is no penalty for not participating. I understand that this refusal of consent needs to be received by the school system no later than [Insert date at least one week prior to the date program is scheduled to begin]. Please return this form to the building principal.

Please check one of the two options below:

\_\_\_ Names of child/children who **will not** participate in the prevention programming and evaluation:

\_\_\_ Names of child/children who **will not** participate in the evaluation only:

(The school needs this information to be sure the student will not be in the program or evaluation area.)

\_\_\_\_\_

Child Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Child Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Child Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Child Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Child Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date