

(Include on agency letterhead, then delete this line)

Dear Parent/Legally Authorized Adult:

During the [*date range*], your child/children are invited to participate in [*mentoring program name*], a youth mentoring program. Mentoring programs are shown to lead to positive youth development and outcomes. This program is funded through a grant provided by the Iowa Department of Public Health. To evaluate the effectiveness of the program, participants will be asked to complete a brief evaluative survey at the beginning and end of the year. This confidential and voluntary 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 mentoring 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 at <http://idph.iowa.gov/substance-abuse/prevention/survey-information> before your child/children voluntarily answers the questions.
3. An opportunity for you to provide written refusal if you **do not** want your child/children to participate in the mentoring program 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 through the mentoring program.
- You have the right to receive accurate information about the mentoring program and evaluation so you can make decisions for your family.

Prevention Program Content:

The mentoring program being implemented will match youth with a trusting mentor while working to prevent substance abuse and/or problem gambling. Participants in the mentoring program will learn why substance abuse and/or problem gambling is harmful to their health and the associated risks.

Evaluation Survey Content:

The survey will have sensitive questions about tobacco, alcohol, illegal drugs and/or problem gambling. It is important to remember that our youth do not live in identical environments. If we are going to offer programs that prevent substance abuse and/or problem gambling, we need to know whether the programs are effective and work well.

Confidentiality:

All information collected will be confidential. Participants will not put names or birthdates on the survey; each participant will be assigned a distinct and unique ID value that will be recorded on the survey each time. [Mentoring program 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 mentoring programs will be reported. These data will be reviewed/analyzed by the project evaluator for the Iowa Department of Public Health.

Compensation:

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

Voluntary:

- All youth involved in the [mentoring 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 the evaluation, you must send the school or the community contact 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.. Your child/children will be provided a neutral activity during the mentoring program evaluation period. There is no penalty for anyone who decides not to participate in the evaluation.
- Whether a youth completes the evaluation process has no influence on whether they can participate in the mentoring program.

Risk:

There is no direct risk involved in participating in the mentoring 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 mentoring programs have the potential to reduce youth substance abuse and/or problem gambling and risk factors, while strengthening protective factors. There are no direct benefits to participants from completing the evaluation. Evaluation results will assess mentoring programs and ensure Iowa youth are being served effectively and appropriately

Questions:

If you have any questions regarding your child's participation, please contact the Iowa Department of Public Health at BSAprevention@idph.iowa.gov.

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 at <http://idph.iowa.gov/substance-abuse/prevention/survey-information>.

Part 3: Refusal of Consent

I have read the Information Summary provided. I understand that my child/children’s participation in the mentoring program 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 mentoring program evaluation as indicated below. I understand that a neutral activity will be provided for them during the mentoring program evaluation period, and that there is no penalty for not participating. I understand that this refusal of consent needs to be received by the (*Mentoring program name*) no later than [*Insert date at least one week prior to the date services are to begin*]. Please return this form to the mentoring program staff.

If you do not want your child/children to participate in the mentoring program evaluation, please complete the information below:

___Names of child/children who **will not** participate in the youth mentoring evaluation:
(Agency name needs this information to be sure the participants will not be in the evaluation area.)

Child Name

Date

Child Name

Date

Parent Signature

Date

By signing this document electronically, you agree your electronic signature is the legal equivalent of your manual signature on this document.