

School/Agency Administrator Consent Form

[Agency Name]
[Mentoring Program Name]

Your school/community agency has agreed to allow trained mentoring staff from [agency name] with funding from the Iowa Department of Public Health, to facilitate [mentoring program name] at [school/location name], during the year, [date range].

As part of the program implementation, an evaluation process is being conducted which requires matched pre and post program surveys to be administered to each young person (9-18 years of age) participating in the program. The survey can be reviewed on the Iowa Department of Public Health website at <http://idph.iowa.gov/substance-abuse/prevention/survey-information>.

My school/community agency requires the use of (circle the correct option):

Active Consent

Passive Consent

None*

*If none, passive consent will be utilized.

My school/community agency and [agency name] will obtain active or passive consent as noted above to govern participation in [mentoring program name] and the associated evaluation.

Signature of School Principal / Agency Director

Date

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

Please return this form to the mentoring program staff [name], implementing the [mentoring program name].

There are no known risks to the participants and in order to ensure confidentiality, all information gathered throughout the program period will not be identified by individual participant. If you have any questions about this project or process, please contact the Iowa Department of Public Health at BSAprevention@idph.iowa.gov.

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