

CONSENT FORM

Your child is invited to participate in a study conducted by Juliette Mackin, Ph.D. and Jerod Tarte, M.A., from the Northwest Professional Consortium (NPC) in Portland, Oregon. In this study we hope to learn if participation in youth services such as *[insert name of JCP youth service(s) or program]* _____ contribute to positive youth behaviors and reduce negative youth behaviors. Your child was selected as a possible participant in this study because of his or her participation in *[service or program name]* _____.

If you decide to participate in this study, your child's Oregon JCP Assessment(s) will be made available to the study team. The assessment is used to measure changes in the following areas of youth behavior: school issues, peer relationships, behavior issues, family functioning, and substance use, and will include information about the types of services your child may receive from *[insert name of JCP youth service(s) or program]* _____. Other than the consent form, there is no extra paperwork or forms that you will be required to fill out.

The results of this project may benefit youth and community members by demonstrating how investment in local youth programs may contribute to positive youth development; however, we cannot guarantee that your child personally will receive any benefits from this research.

There are minimal risks to you or your child by allowing the research team to use the information gathered by the JCP Assessments. There is always a slight risk to confidentiality; however, every effort will be made to maintain your confidentiality. Your name and information about your child will be kept secure and private. The data will be maintained in a password-protected computer in a locked office. Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will not be disclosed.

Your child's participation in this study is voluntary. Your decision whether or not to allow your child to participate will not affect his or her relationship with these service(s). If you decide to participate in the study, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions, please feel free to contact your local program, _____

_____ or the JCP Study Director, Juliette Mackin, at (503) 243-2436. If you have questions regarding your rights as a research subject, contact the Office of Research and Sponsored Projects, Portland State University, OR 97207, (503) 725-4288. You will be given a copy of this form to keep.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Child's Name (Print) _____ Date of Birth _____

Parent/legal guardian (Print) _____

Parent/legal guardian Signature _____ Date _____

ASSENT FORM

Child's name _____

You are invited to participate in a study being done by Juliette Mackin, Ph.D., and Jerod Tarte, M.A. from the Northwest Professional Consortium (NPC) in Portland, Oregon.

We are interested in what changes happen for youth who are involved in *[insert name of service(s) or program]*_____. This will help us figure out the best ways to assist youth to make good choices and stay out of trouble. We would like your help. We have asked you and your parents some questions about you and your life. This information was used to fill out a survey about your behavior. After participation in a program this survey will be filled out again. This will allow for us to report changes in the following areas: school issues, peer relationships, behavior issues, family functioning, and substance use. These tools will be made available to the study team.

We are wanting to learn if these programs are helping youth develop the knowledge and skills that will allow them to make good choices in their lives and stay out of trouble.

We would like to give this information and a report on your participation in our services to a team of people whose job it is to look at this kind of information and tell if we are actually helping children and youth. We will be very careful to not let anyone other than the study team see the information. The information will kept in a password-protected computer in a locked office.

We would like your permission to give this information to the research team. You will not get into any trouble if you don't want to participate in the research study. Your participation is voluntary and your decision whether or not to take part will not affect your service(s).

If you decide to take part you can stop at any time and it will not affect your services.

If you have any questions, please feel free to contact

_____ or the JCP Study
Director, Juliette Mackin, at (503) 243-2436.

If you have questions regarding your rights as a study participant, contact the Office of Research and Sponsored Projects, Portland State University, OR 97207, (503) 725-4288.

Please sign your name on the line below if it is all right with you that we give this information to the team. Your parent(s) have also been asked to permit your participation in this study.

Signed: _____ Date _____