



# Arizona Youth Partnership Too Good for Drugs Active Parental Consent Form

Youth Name:		Date of Birth:	
Youth Age:	Grade:	Gender:	Program Location:
Home Address:			
Parent/Guardian Name:			
Parent/Guardian Phone Number:			

Arizona Youth Partnership (AZYP) has received a grant from the Governor's Office of Youth Faith and Families (GOYFF) under the Trauma Informed Substance Abuse Prevention Program (TISAPP) to deliver the Too Good for Drugs curriculum to youth in Gila County. During the time your child will spend in the program, they will learn to mitigate the risk factors and enhance the protective factors related to alcohol, tobacco, and other drug use. The lessons introduce and develop skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence. Too Good for Drugs teaches five essential character development skills: setting reachable goals, making responsible decisions, bonding with pro-social others, identifying and managing emotions, and communicating effectively. All program information has been shared with and approved for delivery by the school administrators. The SAMHSA funding provided for this program also includes a pre and post evaluation which requires parental consent.

## Consent to Participate in Surveys & Data collection for GOYFF

The SAMHSA evaluation has been reviewed and accepted by their Human Subjects Review Board. In compliance with the Human Subjects Review Board, no names or birthdates are collected on the evaluation and no identification numbers are assigned. No data will be reported by individual or classroom. Only aggregate (group) data will be reported so there is nothing to identify a youth who completes the evaluation. All evaluation information will be kept confidential. GOYFF and approved contractors operate a secure environment to collect and store information from student participants enlisted in the Too Good for Drugs curriculum. SAMHSA will collect the following types of information directly from participant evaluations:

- Demographics – Age, race, ethnicity, gender, and county of residence
- Skills – decision making, refusal skills
- Opinions – about information learned in the program, use of substances and dangers of substance use
- Other – knowledge of use by peers and self

I understand that 1) SAMHSA will use the students' responses for the purpose of program improvement assessing whether critical components or activities were implemented and whether they had an impact upon determinates, important behaviors, and overall goals; 2) that participating in the evaluation is voluntary and that I may elect for my child to participate or discontinue participation in the program and evaluation at any point without any risk; 3) that if consent is not provided, arrangements will be made in conjunction with the school/site personnel to ensure that alternative placement is identified during program facilitation; 4) that SAMHSA will not require my child to disclose more information than is reasonably necessary as a condition of participation; 5) that I can request to view the curriculum and evaluation tools at any time; 6) that SAMHSA will not share individual responses with third parties, school personnel, parents or staff; and 7) that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

- ☐ I **GIVE** my consent for my child to complete the pre and post surveys and participate in the program.
- ☐ I do **NOT** give my permission for my child to complete the pre and post surveys and participate in the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* For questions, please contact Julie Craig, Director of Community Initiatives, AZYP 928-961-0426 or JulieC@azyp.org.**