



**PUBLIC HEALTH
SERVICES DISTRICT
COCONINO COUNTY**

***Reducing the Risk* PROGRAM
PARENT/GUARDIAN INFORMATION**

Northland Preparatory
Academy

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Coconino County Public Health Services District has received a grant from the Arizona Department of Health Services (ADHS) to deliver the Reducing the Risk curriculum. During the time your child will spend in the program, they will explore their own growth and development. The major focus of *Reducing the Risk* is the development of attitudes and skills that will help teens have healthy relationships, refrain from having sex, prevent unintended pregnancy, prevent the transmission of sexually transmitted infections (STIs) and promote communication skills.

The program promotes progress in school and avoidance of behaviors which may hinder your child's opportunities for successful growth and achievement; overall the program aims to address and prevent teen pregnancy. All program information has been shared with and approved for delivery by the school/agency administrators. The ADHS funding provided for this program also includes a pre and post evaluation which requires parental consent.

The ADHS evaluation has been reviewed and accepted by the ADHS 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 individuals, classroom or schools. 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. ADHS and approved contractors operate a secure environment to collect and store information from student participants enlisted in the Reducing the Risk curriculum. ADHS will collect the following types of information directly from participant evaluations:

- Demographics – Age, race, ethnicity, gender, and county of residence
- Health information - Pregnancy, views toward abstinence, and consequences of teen sexual activity
- Skills – decision-making, refusal, and negotiation skills
- Other – knowledge about healthy relationships, peer influence, self-esteem and self-efficacy

- Opinions about their experience during their participation in the program and program satisfaction

I understand that 1) ADHS will use the participants' responses for the purpose of program improvement, assessing whether critical program components or activities were implemented and whether they had an impact upon determinants, important behaviors and overall health 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 school/site personnel to ensure an alternative placement is identified during program facilitation; 4) that ADHS 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 of the curriculum and/or evaluation tool at any time; 6) that ADHS will not share individual responses with third parties, schools 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.

If you have any questions about the program or wish to preview the curriculum, please ask the program staff or call one of the numbers listed at the top of this form. **You must complete the bottom half of this form in order for your teen to participate.**

IF YOU WANT YOUR TEEN TO PARTICIPATE IN THIS CLASS, PLEASE COMPLETE THE SECTION BELOW AND RETURN THE FORM TO NPA'S MAIN LOBBY RECEPTION DESK OR FAX IT TO 214-8778.

<u>I give my consent to allow my child to participate in Reducing the Risk :</u>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>I give my consent to allow my child to participate in the ADHS Evaluation:</u>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

Child's name (please print)	

Parent/Guardian name (please print)	

Parent/Guardian signature	Date
_____	_____