

Youth Focus Group Consent Form

Purpose

This project is being run by Wings of Hope and the Old Colony Y. We will share your student's ideas with Wings of Hope, but your student's name or other identifying information will not be shared. The information collected in this project will be used to create age-appropriate, positive health materials. We are interested in hearing students' perception about risky behaviors such as alcohol, marijuana, and electronic vapor products. We are also interested in learning about positive protective factors that encourage healthy behaviors. If you would like we can send you a copy of the questions for your review.

Voluntary Participation

It is the choice of you and your youth if they wish to participate. This focus group is voluntary, participants can stop at any time, and you don't have to answer any questions that you don't want to answer. If participants don't want to participate or decide to stop, that's okay. There are no right or wrong answers to questions.

Confidentiality

An evaluator will analyze the data collected, but we will keep your youth's name and all of their information confidential. Additionally, questions will not at any point ask about your youth's behaviors. Instead, the questions will be centered on what they believe the behaviors are of the average student at their school and reasons that they choose not to use harmful substances.

Anonymity

By participating and signing this agreement, you are agreeing to keep the information of other participants anonymous. Please keep any identifying information confidential once the focus group concludes.

Contact

If you have questions about the project, please contact:

Tevin Afonseca, Coalition Coordinator

tafonseca@oldcolonymca.org or (781) 341-2016 ext. 1829

To thank you for your participation, your youth will receive a \$20 gift card to Target at the end of the focus group.

I have read the above information and agree that my child can participate in the focus group.

Student Name: _____

Parent/Guardian signature: _____

Date: _____

Please select how you would like to receive your incentive:

In-person pick up at the Old Colony YMCA Stoughton branch

Mail (if so, please share your full mailing address here: _____)