



Adult Participant Consent Form

You are being asked to give permission to participate in a teen pregnancy prevention program and evaluation. You will be participating in Friendship and Dating Program.

The goal of this program is to educate and support adolescents and young adults to make informed decisions, develop life skills, and practice healthy behaviors now and in the future. The topics include boundaries, healthy relationships, personal safety, and sexual health. In addition, the program teaches how to safely date and exist in the community.

Evaluators at the University of Missouri will be monitoring your participation and satisfaction as well as the benefits you receive from the program. In order to do this, surveys will be given to you at the beginning of the program and the end of the program. Each survey will take about 20 minutes to complete.

The surveys will ask you about:

- Age, race, and sex
- Social networks
- Experiences with interpersonal violence
- Students' perception about sexual activities
- Students experience in the program and their abilities to use the skills developed during the program

Participants in this program will benefit by receiving knowledge and skills for relationships. The evaluation surveys will help the evaluators understand the overall satisfaction with and benefits of the program. The possible risks associated with participation in the evaluation surveys include a breach of confidentiality and possible discomfort while answering the survey questions. Steps have been taken to minimize these risks.

You will only identify yourself on the surveys using a confidential ID number. Your responses to the surveys will be kept confidential and stored in a locked cabinet. The University evaluation team will only report group information, and no identifying information from you will be shared with anyone.

Your participation in the surveys is voluntary but encouraged.

You will be able to skip any part of the survey in which you do not wish to participate. You may stop participating in the evaluation surveys at any time. If you choose not to participate in the evaluation surveys, then you can still participate in the program.

If you have questions about the evaluation, you can contact the evaluation team at motppevaluation@missouri.edu

Evaluator's Name(s): Nana Adjoa Aikins

Please check the appropriate boxes and sign below.

Consent to participate in an MOTPP program

I give my consent to participate in this Program. I am aware of the program content, and I am willingly participating in all aspects of the program under the supervision of program staff.

Yes, I agree to participate in a MOTPP program

No, I do not want to participate

Consent to participate in surveys & data collection

I give my consent to participate in pre and post program surveys. The University may share group information with the program creators and/or Missouri Department of Health and Senior Services.

Yes, I agree to participate in the evaluation

No, I do not want to participate in the evaluation

(Signature)

Full Legal Name (First, Middle, Last)

Date of Birth (Month/Day/Year)

Evaluator's Name(s): Nana Adjoa Aikins