

Informed Consent Form Parent/Guardian

Overview

In order to ensure that **Fresh Youth Initiatives (FYI)** is of high quality and has a positive impact on your child(ren), **FYI** engages in ongoing evaluation and quality improvement efforts. As a part of our program, your child will be asked to fill out surveys at the beginning and end of each program cycle.

Procedures

The surveys take about 20 minutes and ask that youth reflect on their personal growth. These surveys support staff reflection and ongoing program improvement.

Risk/Discomforts

Risks are minimal to none for involvement in this study. However, your child may feel emotionally uneasy when asked to make judgments about him/herself.

Benefits

Your child will become more reflective about his/her skills and behaviors. Reflection is a key youth development skill that has been shown to lead to a wide-range of benefits for young people. Additionally, as staff closely observes individual youth, they become more aware of specific strengths and challenges, allowing them to tailor and improve the program to meet your child's specific needs.

Confidentiality

All data obtained from your child will be kept confidential and will be used by staff to increase the quality of the program. However, data will be shared with Algorhythm, our evaluation learning system partner. Your child will be provided with unique numeric identifiers and his/her name will not be directly associated with data sent to Algorhythm. If data are reported externally (e.g., by Algorhythm and the partner organization), it will be reported as a combined group result only. Individual data may be used to support program staff become more aware of the unique strengths and challenges of your child, allowing them to tailor and improve the program to meet their specific needs. The data collected will be stored in the HIPPA-compliant, Qualtrics-secure database.

Participation

Participation in this evaluation is completely voluntary. You have the right to withdraw your child from the evaluation at anytime or refuse to participate entirely without jeopardy to your status in the program. If you desire to withdraw, please contact *Jeremiah Roman at 212-781-1113 ext. 224*.

Questions About The Evaluation

If you have questions regarding this study, you may contact *Jeremiah Roman at 212-781-1113 ext. 224*.

I have read and understand this consent form and I agree to allow my child to participate in this study. I have also been provided a signed copy of this form.

[Parent/Guardian Signature] _____ **[Date]** _____

[Child's Name] _____