Dear Parent or Guardian,

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *School* |  | *School Year* |
| Will be starting a Substance Use Prevention Program called: |  |
|  |
|  |  |  | School year.  |
| *At* |  | *During the* |  |
| The purpose of this program is to |  |
| As a part of the overall program, there will be a program evaluation that consists of surveys  |
| before and after the program. |

***The child/adolescent does not have to take the evaluation surveys to participate in the program. Participation in the evaluation surveys is voluntary and requires your permission.***

**SURVEY CONTENT**

The surveys will gather information on beliefs, thoughts, and behaviors about use of substances such as alcohol, tobacco, and other drugs. A copy of the actual surveys used to evaluate this program will be provided to you upon request.

**THE EVALUATION IS VOLUNTARY**

The child/adolescent’s participation in the evaluation of this program is by choice. The child/adolescent who agrees to participate with your permission, can answer the survey questions they want to answer. If the child/adolescent does not want to take the evaluation survey nothing will happen to the child/adolescent. They will still be allowed to join in the program. The child/adolescent may stop working on the evaluation survey at any time. They can skip questions they do not want to answer. No reason is needed, and nothing will happen to the child/adolescent.

**THE EVALUATION IS PRIVATE**

All personal information collected in the surveys will be kept private. No personal information will be shared. This consent form will be the only place where the child/adolescent’s name will appear. Only the staff persons conducting this evaluation will see the consent form. The overall results from this evaluation will be used to tell AHCCCS about the effectiveness of the substance use prevention program. Names of individual students will not be shared with AHCCCS.

**FOR FURTHER INFORMATION**: If you have any questions or concerns about the child/adolescent participation in this program or the evaluation, please contact:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Prevention Program Director* |  | *Phone* |
|  |
| *Email Address* |

**SUBSTANCE USE PREVENTION PROGRAM-PARENT/GUARDIAN CONSENT FORM**

Please check the appropriate box below, sign, and return this form to:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name of Teacher* |  | *By* |

[ ]  Yes, I give consent for my child/adolescent to complete the evaluation survey.

[ ]  No, I do not give consent for my child/adolescent to complete the evaluation survey.

|  |
| --- |
|  |
| *Name of Student* |
|  |  |  |
| *Signature of parent or guardian* |  | *Date* |