

Telehealth Demonstration and Evaluation Project
Parent Consent for Student Survey

ICF Institutional Review Board
IRB0001920
FWA00002349
Approval date: October 14, 2022
Expiration date: August 15, 2023

What is the purpose of the survey?

ICF, a research company, is working with El Rio Health to learn more about students' health behavior and health services. The information you give will be used to improve access to health services for young people.

What your child will be asked to do

Your child will be asked to complete a survey about sexual health behavior and health services. No personal identifying information will be collected. Your child's responses will not be linked to them in any way.

How long will it take?

The survey should take about 10 minutes to complete.

Is my child's information private?

We will not be collecting your child's name, so no information on the survey will be connected to your child. Your child's survey responses will be private.

Is it voluntary?

It is up to you and your child if you want them to take the survey. Even if you decide that they can take the survey, your child may decide to not complete it or stop at any time.

What are the risks?

Participating in the survey is not expected to cause any harm.

What are the benefits?

There is no direct benefit to filling out the survey. However, what we learn from your child will help us understand how to improve health services to young people.

Token of Appreciation

If your child takes the survey, they will receive a small token of appreciation. They will still get the token of appreciation even if they do not answer all the questions.

Contacting the evaluator with questions

If you have any questions, you may email Joy Baynes at joyb@elrio.org or Samantha Hubbard at samantha.hubbard@icf.com. If you have questions related to your child's rights as a participant, you may call the ICF Institutional Review Board (IRB) at 404-321-3211.

Opt-In Form

If you grant permission for your child to participate in the survey, please complete the form below and return this form to your child's teacher.

I, _____ [print Parent's Name], give permission for my child _____
[print Child's Name] to participate in the survey.

Please sign here:

Signature

Date