

## Cover Letter – Youth 18+ Consent Packet

To Whom It May Concern:

We are very excited to inform you that you will have the opportunity to participate in an education program to prepare you for adulthood called Strengthening OUR Youth that is implemented by CITC. The curriculum chosen is designed to help you make better decisions concerning health. This will be a comprehensive educational curriculum that addresses a multitude of topics including healthy relationships, sexually transmitted infections/HIV, unplanned pregnancy/parenting, youth and social media, dating violence, consent/refusal skills, contraception and other important issues that impact Alaska Native/American Indian youth today. After the training program is over, you will be able to help yourself and your friends to make healthy decisions.

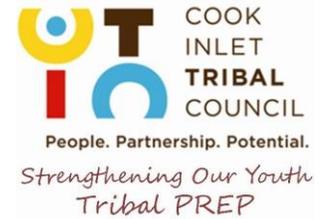
While participating in the Strengthening OUR Youth program, you will be asked to participate in a confidential survey that will be used to evaluate the curriculum. The responses from you before and after the program will help us to understand what impact the curriculum has had on your knowledge, attitudes and behaviors. The survey will take 10 minutes to complete. The survey will include questions about health behaviors that are common among teens, including sexual activity, drug/alcohol use and physical violence along with your attitudes and beliefs about these behaviors.

We are asking consent from you to participate in this program. The amount of time you will have to commit to Strengthening OUR Youth will vary. There will be 12 sessions that will last 90 minutes each for a total of 18 hours of committed time. These may occur weekly, or more frequently, depending on where the program will be taking place in the community.

The survey will be completely anonymous. No one will be able to connect responses to you. Your participation is voluntary. You may choose not to take the survey. You may also stop responding at any time or may skip questions that you do not want to answer. If you have any questions please contact Alex Lyle at 907-793-3270 or [alyle@citci.org](mailto:alyle@citci.org).

Please complete the attached consent form and indicate whether you do or do not want to participate in the Strengthening OUR Youth program.

Thank you for your consideration.



## Youth 18+ Consent Form

We are inviting you to participate in the Strengthening OUR Youth program. This will involve filling out two questionnaires, one before you start attending sessions, and one when you have completed the Strengthening OUR Youth program. These are not tests that you pass or fail, instead they provide our team with important information about what you have learned.

### Who is doing this?

Cook Inlet Tribal Council and a local evaluator

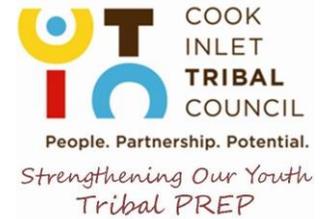
### Why is this being done?

We believe it is important to know more about how teens learn and their health issues. In particular, we want to understand how classes about dating, relationships, sexually transmitted infections, unplanned pregnancies, physical violence and other health behaviors may change the attitudes of teenagers or what they do. We are gathering this information so that we can help improve our program for future Native youth and see how we can decrease rates of sexually transmitted infections, unplanned pregnancies and increase use of contraception, refusal skills and foster healthy relationships.

### What's involved?

You will be asked to participate in Strengthening OUR Youth, a program that promotes healthy choices about dating, relationships, sexually transmitted infections, unplanned pregnancies, physical violence and other health behaviors. Sessions may be offered after-school at CITC, at a separate site or within another organization with youth who reside there, all depending on the community. There are 12 sessions that last about 90 minutes for a total of 18 hours of committed time and could be offered once a week or more, depending on how the program will fit with the organization worked with. You can choose not to participate and can stop attending sessions at any time.

You will be asked to take two surveys: one before the program and one after completion of the program. Both of these surveys will take about 10 minutes to finish. The surveys will ask questions about health issues that are common to teenagers including dating, relationships, substance use, sexually transmitted infections, unplanned pregnancies, physical violence and other health behaviors. We will also ask for your age and gender so we can describe who



participated in this survey. *We will NOT ask your name!* No one will be able to connect you with your answers.

**Who gets to see my surveys?**

The surveys will be reviewed by the coordinator of the CITC Strengthening OUR Youth program. Remember, we will not know your name, so anything you say in your before- and after- questionnaires is confidential. During learning activities or on the questionnaires, you may tell your instructor or other YES staff about something that could harm you or others, such as physical abuse or neglect. Under State law, that staff member must report this information and get help for anyone at risk of harm.

**Do I have to do this?**

No! Taking part in this program is your choice. If you decide to take the first questionnaire and then change your mind and don't want to take the second, that is okay too. You can also skip any questions that you don't want to answer. If you ever have questions or concerns, or you want to withdraw from the program, you can call Alex Lyle at 907-793-3270 or email at [alyle@citci.org](mailto:alyle@citci.org).

**Participant Signature:**

By signing below, you indicate that you understand the information in this form and that any questions you have were answered to your satisfaction. Signing also indicates that you agree to participate in the Strengthening OUR Youth program and the pre- and post-surveys. You understand that your information will be kept confidential. You also understand that you can choose to stop your participation in the program or the surveys at any time.

\_\_\_\_ (Check Here) I want to participate in the Strengthening OUR Youth program

\_\_\_\_ (Check Here) I do not want to participate in the Strengthening OUR Youth program

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_