

Cover Letter – Youth Under 18 Consent Packet

Dear Parent/Guardian/Adult-in-Life:

We are very excited to inform you that your youth will have the opportunity to participate in an education program to prepare them for adulthood called Strengthening OUR Youth that is implemented by CITC. The curriculum chosen is designed to help them 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, your child will be able to help themselves and their friends to make healthy decisions.

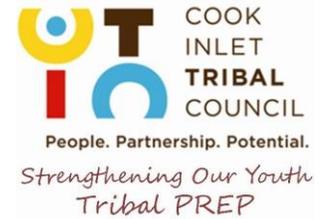
While participating in the Strengthening OUR Youth program, your youth will be asked to participate in a confidential survey that will be used to evaluate the curriculum. The responses from the youth before and after the program will help us to understand what impact the curriculum has had on their knowledge, 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 their attitudes and beliefs about these behaviors.

We are asking permission for your youth to participate in this program. The amount of time they would 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 your youth. Your youth's participation in the survey is voluntary. You or your youth may choose not to take the survey. Your youth may also stop responding at any time or may skip questions that they do not want to answer. If you have any questions please contact Alex Lyle at 907-793-3270 or alyle@citci.org.

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

Thank you for your consideration.



Parent/Guardian/Adult-in-Life Consent Form

We are inviting your youth to participate in the Strengthening OUR Youth program. This will involve filling out two questionnaires, one before they start attending sessions, and one when they have completed the Strengthening OUR Youth program. These are not tests that they pass or fail, instead the questionnaires provide our team with important information about how teens learn and how the Strengthening OUR Youth program has or has not changed their attitudes and behavior.

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?

Your youth 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 allow your youth to participate and they can stop attending sessions at any time.

Your youth will be asked to take two surveys: one before they start going to the program and one after they have completed the program. Both of these surveys will take about 10 minutes to finish. The surveys will ask them 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 them for their age and gender so we can describe who participated in this survey. *We will NOT ask their name!* No one will be able to connect your youth with their answers.

Who gets to see my youth’s surveys?

The surveys will be reviewed by the coordinator of the CITC Strengthening OUR Youth program. Remember, we will not know your youth’s name, so anything they say in their before- and after-questionnaires is confidential. During learning activities or on the questionnaires, your youth may tell their instructor or other YES staff about something that could harm them 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 they have to do this?

No! Allowing your youth to take part in this survey is your choice. If you decide to allow them to take the first questionnaire and then change your mind and don’t want them to take the second, that is okay too. Your youth can also skip any questions that they don’t want to answer. If you ever have questions or concerns, or you want to withdraw your youth from the program, you can call Alex Lyle at 907-793-3270 or email at alyle@citci.org.

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 allow your youth to participate in the Strengthening OUR Youth program and the pre- and post-surveys. You understand that their information will be kept confidential. You also understand that you can choose to stop your youth’s participation in the program or the surveys at any time.

____ (Check Here) I want my youth to participate in the Strengthening OUR Youth program

____ (Check Here) I do not want my youth to participate in the Strengthening OUR Youth program

Youth’s Name (Print): _____

Parent/Guardian Name/Adult-in-Life (Print): _____

Parent/Guardian/Adult-in-Life Signature: _____ Date: _____



Youth Assent 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

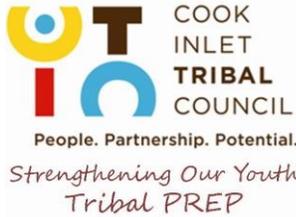
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Do I have to do this?

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.

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: _____