



## Chicago Healthy Adolescents and Teens (CHAT) Evaluation Summary

With support from your student's principal, all 9<sup>th</sup> graders at your student's school will have the opportunity to participate in an important evaluation related to teen sexual health. This evaluation summary and the attached parent consent form include information about your student's participation in this **voluntary** and **confidential** evaluation.

### What is it?

The CHAT evaluation includes a 30 minute survey that asks high school students about sexual health knowledge, attitudes, and practices and collects information from your student's records. **Students' survey responses are private and confidential and are used for research purposes only. No one at your student's school will see your student's survey answers or records.**

### Partners in this evaluation include:

- The Chicago Department of Public Health (CDPH)
- Chicago Public Schools (CPS)
- NORC at the University of Chicago (NORC)

### When?

Participating students will complete a survey in the Fall of 9<sup>th</sup> grade, Spring of 9<sup>th</sup> grade, and once in 11<sup>th</sup> grade.

### Why is this important?

With the information from this evaluation CPS and CDPH can offer better programs to improve teen health.

**Please complete the yellow parent consent signature form  
and return it to school.**

If you have questions  
about the evaluation, please contact  
NORC at the University of Chicago at:  
1-877-207-7919

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# Chicago Healthy Adolescents and Teens (CHAT)

## Parent Consent Form

### RESEARCHERS' STATEMENT TO PARENTS

We are asking permission for your student to take part in a research study at his/her school. The evaluation is funded by the US Department of Health and Human Services Office of Adolescent Health (OAH.) Please read the following information carefully. You can call NORC's toll free number 1-877-207-7919 at any time to ask any questions you have about the research. When all of your questions have been answered, you can decide if you want your child to take part in the evaluation. Please return the parent consent form signature page to your student's school and keep the first two pages of the form for your records.

### WHAT IS THE PURPOSE OF THE EVALUATION?

The Chicago Department of Public Health (CDPH) is working with Chicago Public Schools (CPS) and NORC at the University of Chicago (NORC) to complete an evaluation about high school students and their ideas and activities around sexual health (such as, intercourse, sexually transmitted infections, birth control). This information will help CDPH offer better programs to improve teen health and reduce teen pregnancy and sexually transmitted infection (STI) rates in Chicago.

### WHAT ARE THE BENEFITS OF THE EVALUATION?

We think that our research will be helpful in designing better programs to improve teen health outcomes. As a thank you for their participation your student will receive a \$10 gift card upon completion of each survey.

### WHAT WILL THE EVALUATION REQUIRE OF MY STUDENT?

Participating students will complete surveys once in the fall and once in the spring of their 9<sup>th</sup> grade year. Students will complete an additional follow-up survey in 11<sup>th</sup> grade. The survey will take about 30 minutes to complete. We will also obtain information from your student's school records, like grades, test scores, attendance, behavioral records, and demographic information. No information from the survey or about your student's participation will be in their school records.

Researchers will also use information from testing for STIs in which your student participated as part of the CHAT program. In addition, researchers at NORC will be visiting schools with the CHAT program to speak to a small number of students about what they learned from the program and how it can be improved. Your student may be asked to talk with researchers in a small group (called a "focus group") for 60 minutes. Students will participate while they are at school, and each student will receive a \$10 gift card for participating. Your child does not have to participate in the group discussion. If he/she does participate, his/her name will not be written down or shared with anyone.

### HOW WILL YOU PROTECT MY STUDENT'S PRIVACY?

All students will be assigned a unique evaluation participation number. Student survey answers and records will be associated with that number and not with his/her name. Information collected will **not** become part of school records. Neither you nor anyone at the school will see your student's evaluation information. The results of the evaluation will only be reported in ways that do not identify individual participants. All evaluation related material will be kept in locked files and will be retained for up to three years after the end of the evaluation, including participants' personal information (name, birthdate, etc.). At the conclusion of the evaluation all such material will be destroyed. Only researchers at NORC will ever see any personal or identifying information.

**ARE THERE ANY RISKS TO MY STUDENT IN PARTICIPATING IN THE EVALUATION?**

We do not see any risks to your student beyond those experienced in everyday life. All team members are professionally trained in confidentiality protocols and experienced in working with youth. Some aspects of the evaluation involve personal matters; your student may choose not to participate in any part of the evaluation that makes them uncomfortable.

**IS MY STUDENT REQUIRED TO PARTICIPATE IN THE EVALUATION?**

NO. The evaluation is voluntary, which means that your student can decide not to do the survey or can skip any questions they do not want to answer. Students who do not take part in the evaluation will remain in the classroom during the survey session and will participate in other activities provided by the classroom teacher. If you or your student decides to not participate or to withdraw from any part of the evaluation at any time, there are no penalties or consequences. You have the right to request that your student's information be withdrawn from the evaluation at any time.

**CAN I SEE A COPY OF THE SURVEY OR ASK QUESTIONS ABOUT THE EVALUATION?**

Under the Protection of Pupil Rights Act 20 U.S.C. Section 1232 (c)(1)(A), you have the right to review a copy of the survey. If you would like to do so, contact NORC at 1-877-207-7919 or via e-mail at [chat@norc.org](mailto:chat@norc.org). You can also contact NORC with any questions or concerns that might arise throughout the course of the evaluation. If you have questions about your student's rights as a participant in the evaluation you may contact NORC's Institutional Review Board Office toll-free at 1-866-309-0542.

**HOW WILL NORC CONTACT MY CHILD TO COMPLETE FOLLOW UP SURVEYS?**

If your student remains at their current high school, subsequent surveys will be conducted at that school. We will collect your student's address, email, and phone number so we can follow up with your student in the event of a move or in case we are unable to reach your student at school. We will collect the names and phone numbers of people who would know how to contact your student if he or she moves (such as a family member). All contact information will be kept private and separate from your student's survey responses and records.

TURN OVER TO SIGN

## Chicago Healthy Adolescents and Teens (CHAT) Parent Consent Form Signature Page

**Please sign and return this page to your student's school.  
Please complete and sign the form regardless of your choice.**

By checking the YES box, you give permission for your student to participate in the evaluation. This includes participation in surveys and release of records.

By checking the NO box, you do not give permission for your student to participate in the evaluation.

- YES, I agree to my student's participation in the evaluation.**
  
- NO, I do not agree to my student's participation in the evaluation.**

### Student Information

Student First Name:	Student Last Name:
Student Grade:	Student Date of Birth:
School Name:	

### Parent/Guardian Information

Parent Signature:	Date:
Parent First Name:	Parent Last Name:
Address:	
Zip Code:	Phone Number: (    )    -
Email Address:  _____ @ _____	