

INFORMED CONSENT FORM
Evaluation Plan for Program Outputs/Outcomes of *Health Rocks!*

Purpose of the Evaluation Plan:

This evaluation plan for *Health Rocks!* is to measure implementation outputs and the degree to which youth participants achieve the learning objectives and expected outcomes of *Health Rocks!* Curriculum implementation. Specifically, this evaluation will assess participants' increased knowledge, changes in beliefs and attitudes, and increased skills and self-reported confidence in using positive behaviors targeted by each module after participating in *Health Rocks!* intermediate level curriculum.

Procedures:

A survey method with retrospective measures will be used to assess the increased knowledge, skills and potential for positive behaviors after youth participate in the *Health Rocks!* intermediate level program. The retrospective survey (post-then-pre method of evaluation), measures program impact by asking questions regarding knowledge, attitude, skill and/or behaviors at the present time and then asking participants to report what the knowledge, attitude, skill and/or behavior were previously. Participants will be given space to provide suggestions and comments. The survey mainly consists of fifty-four 4-point scale questions. It will take approximately 15-20 minutes to complete the survey.

Risks and Benefits:

There are no known risks or discomforts associated with this research. If your child feels uncomfortable with some questions in the questionnaire, he or she can stop at any time. There are no direct benefits to participation in this evaluation project. Hopefully, it may help your child to evaluate themselves what they have attained from *Health Rocks!* training.

Confidentiality:

No identifying information will be collected in this project. The data will be stored in a locked cabinet in principle investigators' offices. Only Dr. Yan Ruth Xia, Dr. Maria De Guzman and the research assistants can access the data. The results obtained from this study may be used for writing reports, scientific journals, or presented at scientific meetings. All the data files will be destroyed within the five years after the research project completes.

Compensation:

There is no compensation in this evaluation project.

Opportunity to Ask Questions:

If you have any questions about the questionnaire, you can ask any questions concerning this evaluation project and have those questions answered before agreeing to participate in or during the study. You can contact Dr. Yan Ruth Xia through email yxia@mail.unomaha.edu or through phone (402) 554-3259, Dr. Maria De Guzman through email mguzman2@unl.edu or through phone (402) 472-9154. If you have questions concerning your child's rights as a research subject that have not been answered by the investigator or to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board, telephone (402) 472-6965.



IRB# 2009069956 EP
Date Approved: 06/17/2009
Valid Until: 06/16/2010

Freedom to Withdraw:

You and your child are free to decide whether or not your adolescents will be participating in this study. Your child may also end their participations at any time without negatively affecting them or your relationship with the teen leaders and training leaders. Your decision will not result in any loss of benefits to which you are otherwise entitled.

DOCUMENTATION OF INFORMED CONSENT

You are voluntarily making a decision whether your child wishes to participate in this research project. Your signature certifies that you have decided to participate having read and understood the information presented. You will be given a copy of this consent form to keep.

Name (Print) _____

Your Signature

Date

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