

YOUTH ASSENT FORM
Evaluation Plan for Program Outputs/Outcomes of *Health Rocks!*

We are inviting you to answer this evaluation survey because you are a participant of the *Health Rocks!* training, and we are interested to know what youth participants have learned from the *Health Rocks!* training.

The survey will ask you questions about your knowledge, attitude, skill and/or behaviors after the *Health Rocks!* training, and then ask you about the same knowledge, attitude, skill and/or behavior before the *Health Rocks!* training. You will be given space to provide comments or talk about your stories without telling who you are. The survey mainly consists of forty 4-point scale questions. It will take you approximately 15-20 minutes to complete the survey.

There are no known risks or discomforts associated with this evaluation. If you feel uncomfortable with some questions in the questionnaire, you can stop at any time. There are no direct benefits to you in this evaluation project. Hopefully, this may help you see what you have learned from *Health Rocks!* training.

The survey is confidential. That is, your answer will not be linked to your name. The data will be stored in a locked cabinet and saved in the password controlled computer in the evaluator's office. Only Dr. Yan Ruth Xia, Dr. Maria De Guzman and the research assistants can access to the data. We will also share our findings with others at meetings or in articles.

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 ask Dr. Yan Ruth Xia through email rxia2@unl.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 any questions



concerning your rights as a evaluation participant that have not been answered by the evaluators or to report any concerns about the evaluation, you may contact the University of Nebraska-Lincoln Institutional Review Board, telephone (402) 472-6965.

You are free to decide whether or not you will be participating in this evaluation survey. You may also stop answering questions that make you feel uncomfortable at any time without negatively affecting your relationship with the training leaders. Your decision will not result in any loss of benefits that you have or are entitled to.

DOCUMENTATION OF YOUTH ASSENT

You are voluntarily making a decision whether you wish to participate in this research project. Your signature shows that you have decided to participate having read and understood the information given above. You will be given a copy of this assent form to keep.

Your name (print)

Signature of Participating Youth

Date

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