**Augusta Partnership for Children, Inc.’s “Continued Change Initiative” to Prevent Teen Pregnancy**

**STATEMENT OF ASSENT – EVAL FORM 1 (Youth Form – ages 17 or younger)**

The Augusta Partnership for Children, Inc. (APC) is working with organizations in five counties in the East Central Health District of Georgia to implement a community-wide initiative to reduce the incidence of teen pregnancy and STI’s/STD’s by 15% by 2020. Part of this initiative includes offering young people access to evidence-based teen pregnancy prevention programs. Teenagers between the ages of 13 – 19 who live in these counties will be asked to participate in a teen pregnancy prevention program.

**Time Commitment**: You are being asked to spend a few hours each week participating in a program about teen pregnancy prevention and reproductive health. Your participation will include attending *all* sessions related to the program and completing forms associated with the program. To ensure that we collect information in the same way from everyone, all information will be collected before you leave each session.

**Confidentiality:** Your comments during the discussions and the information you provide to us on forms will be kept *confidential*. There is no link between your name and the comments you make during the discussion or on the forms. Your name will not be used in any reports about this Initiative.

**Risks:** Your participation in this program poses few, if any, risks to you. Your participation is entirely voluntary. You may end your participation at any time and you do not have to give a reason or explanation for doing so. If you withdraw from the program, it will have no impact on any services you receive.

**Allergies:** Please share any food or materials allergies that you have. APC is not responsible for any allergic reactions to food or materials ingested or handled during your participation in this program.

**Benefits:** You may receive a token of appreciation for your time.

**Contact information:** If you have any concerns about your participation in this discussion, please contact Ms. Candice Hillman, Project Manager, at 706-721-7415.

Your signature below indicates that you understand the above and agree to participate in this discussion.

Print Child’s Name:

Print Parent’s Name: Date:

Parent’s Signature (parent’s authorization if participant under the age of 18):

Witnessed by (Program Implementation Team) Print your name:

Witnessed by (Program Implementation Team) Signature: