

INFORMED CONSENT YOUTH FIRST, INC.

Project Title: Evaluation of Youth First School Social Work Services (Individual and Groups)

Purpose: You and your child are invited to participate in a research study. The purpose is to see how well Youth First’s School Social Work Services are doing. This may include the individual services and/or groups provided by the Social Worker. The information helps Youth First to better understand what is working and what needs improvement. The study is being conducted by Youth First and Diehl Consulting Group.

Duration/Procedures: Individual Social Work Services

- **For Students grades K-5:** Parents are asked to complete an Individual Concerns Form at the beginning, after 90 days and again at 5 months. Parents are also asked to complete the Parent Survey at the beginning and again at 90 days. A teacher within your child’s school will also be asked to complete the Individual Concerns Form as well as the Student Adjustment Scale and the Behavior Rating Index for Children at the beginning, 90 days and again at 5 months.
- **For Students grades 6-12:** Parents, students and a teacher within your child’s school are asked to complete the Individual Concerns Form at the beginning, after 90 days and again at 5 months. Parents and students are asked to complete the Student Survey and Parent Survey at the beginning and again at 90 days. A teacher within your child’s school will be asked to complete the Student Adjustment Scale at the beginning, 90 days and again at 5 months.
- In addition to these surveys, the following information may be extracted from your child’s school records during the current school year in which services were provided and the school year immediately following: Student ID number, classroom grades, state achievement measure, attendance, grade promotion, credits earned, demographic and behavior information. Finally, parents may also be asked to complete a follow-up survey after one year after completion of services.

Duration/Procedures: Social Work Groups

- As a part of services, your child may participate in a group provided by the social worker. At the end of the group, students will be asked to complete a survey about their experiences. The survey asks them to identify how much they agree with an item before the group and again afterwards.

Potential Risks or Discomforts: There are no foreseeable risks or discomforts from your participation.

Benefits: Participation in this study will help Youth First improve the services being offered and assist with obtaining potential funding for future programming.

Confidentiality: Individual child and family information is confidential. All information is coded and combined with other information so no individual information will be reported. Youth First Social Workers enter data directly into a web-based system. No names are entered into the system. Youth First staff and Diehl Consulting Group will have access to records regarding this project. Results of this study will be shared with Youth First and other collaborating agencies. Should any information from this study be published, no identifying information will be made public. In all other respects, the information from this project will be held in confidence to the extent permitted by law.

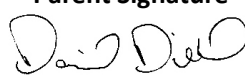
Compensation: There is no compensation for participating in this study.

Refusal/Withdrawal: Participation in this study is completely voluntary. You are free to refuse or stop participation in this study at any time without any consequences to you or your child.

Contact/Questions: Youth First has copies of all surveys, and you may review them upon request. Any questions regarding this study may be directed to Laura Keys at Youth First, Inc., 812-421-8336, or to Dan Diehl at Diehl Consulting Group, 812-434-6745.

Consent Statement:

- I agree to participate in this study. I understand that any information about my child and family will be kept strictly confidential. If my child is older than 8 years old, I understand that he/she will also be asked to give consent to participate in this study. I understand that this consent is valid for 2 years from the date signed below.
- I do not wish to participate in this study. I understand that this will not impact the services provided to my child.

Student’s Name	Parent’s Name	Parent Signature 	Date
Witness Signature	Date	Researcher’s Signature	Date