

Sample Parent/Guardian Consent Form to Participate in All Stars Evaluation Surveys

The following letter is a sample letter. It should be adapted to your needs and approved by an appropriate authority or committee before using surveys to collect data.

Dear Parent or Guardian:

Your child will be participating in All Stars. This program helps adolescents develop positive characteristics that research has shown to protect them from risky behaviors. In All Stars Core and Booster, students identify positive ideals, establish conventional norms, build personal commitments, and strengthen bonds between themselves and positive institutions such as families and school. In All Stars Plus, students learn to set and achieve goals, to make reasoned decisions, and to resist negative peer pressure. The ultimate goal of the program is to keep the students from beginning participation in substance use, violence and premature sexual activity.

Your child is invited to participate in an evaluation of All Stars. We ask your permission for your child to participate in a survey. The purpose of this survey is to determine the effectiveness of All Stars. The survey asks questions about your child's experience (if any) with alcohol, tobacco, marijuana, and inhalants. It asks about beliefs and attitudes about risky behaviors.

This survey will be administered on at least two different occasions: prior to beginning All Stars and again at the end of the program. If needed, additional surveys may be administered at later dates. The survey is confidential and voluntary.

You are free to decide not to allow your child to participate in this survey without adversely affecting his/her participation in All Stars. If you have any questions, please contact me. You may view a sample copy of the survey before it is administered.

If you agree to give your permission for your child to participate in this survey, please sign below and return this consent form to your child's health teacher as soon as possible. The extra copy of this form is for you to keep. Thank you for considering this request.

Sincerely,

Name
Title
Phone Number

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ALL STARS EVALUATION SURVEY.

Child's Name

Signature of Parent/Guardian

Date