

Consent Form
Bee Busy, Inc
Project CAM – Capture and Motivate

Dear Parent/Guardian:

Your child, _____ (Child's Name), is invited to participate in a comprehensive health education curriculum, Project CAM – Capture and Motivate. Your child's school has agreed to participate in a study to determine if the Project Cam curriculum is effective in reducing Teen Pregnancy.

Students will participate in the thirteen (13) module Love Note's Classic curriculum adopted by Project CAM. In addition, students will have an opportunity to participate in 4 or more hours of media production instruction. Students will participate in two surveys. Facilitators who will be teaching the curriculum, and not associated with the school, will administer the survey.

The first survey administration will be before the Project CAM program begins and before the Love Notes curriculum has begun. The second survey will occur at the completion of the Love Notes curriculum. The study is funded through the Department of Health and Human Services - Family and Youth Services Bureau – Competitive Personal Responsibility Education Program Grant.

Your child's participation in the survey that he/she will be asked to complete will help the Department of Health and Human Services, Family and Youth Services Bureau, and researchers learn more about what types of curricula are effective in reducing teen pregnancy.

Your child was selected to participate in this study because he/she is enrolled in Health class at his/her school. Approximately 1,500 total students will be participating in this study during the next three years. Your child was not selected to participate in this study for any specific personal reason.

If you choose to allow your child to participate, your child will spend about 15 minutes completing the survey in class either electronically or on paper. The survey is confidential and anonymous. Your child's participation is voluntary.

Your child will not be penalized if he/she chooses not to participate. If your child does choose to participate in the survey, he/she will have the option to skip any question he/she does not want to answer and may stop his/her participation at any time. Your child's participation will not affect his/her grades or your child's relationship with the teachers or principal at their school.

Parental Consent Statement

The information on the survey will be anonymous; therefore, your child's name or any identifying information will not be recorded on the survey. Results from the survey will be reported in a way that individuals cannot be identified, and because the survey is anonymous, responses will not be linked to any individual student. Records will be stored securely with continued access only by evaluation team members.

There are no physical risks involved with answering the survey. Your child may experience feelings of discomfort with answering some questions about his/her personal behavior. Since the responses on the survey are anonymous, the emotional risk, if any, is limited.


This study has been reviewed and approved by an Institutional Review Board. For research-related problems or questions regarding subjects' rights, the researcher, Dr. Dawn Marie Baletka, may be contacted at DMBaletka@gmail.com.

Your child's involvement is very important to this study. If you decide you DO want your child to participate in the study, MUST complete and return the form on the following page. You are asked to keep this form for your records.

If you decide you DO NOT want your child to participate in the study, you DO NOT need to return the form, however returning the form and letting us know your decision is very helpful.

If you have any questions, please contact Dr. Baletka. Thank you for your time in reviewing this information.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dawn Marie Baletka".

