AMPM Policy 320-Q, EXHIBIT 320-Q-2
SUBSTANCE ABUSE PREVENTION PROGRAM EVALUATION CONSENT

Dear Parent or Guardian School Year

Will be implementing a substance Abuse prevention program called

At During the school year. The purpose of this

program is to As a part of the overall program, there will be an evaluation that consists of pre-and post-program surveys.

The child/adolescent does not have to take the evaluation surveys to participate in the program. Participation in the evaluation surveys is voluntary and requires your permission.

Survey Content

The surveys will gather information on attitudes, thoughts, and behaviors around use of substances such as alcohol, tobacco, and other drugs. A copy of the actual surveys used to evaluate this program will be provided to you upon request.

The Evaluation is Voluntary. The child/adolescent participation in the evaluation of this program is voluntary. The child/adolescent who agree to participate with your permission only have to answer the survey questions they want to answer and they may stop taking the survey at any time. Refusal to participate in the evaluation survey involves no penalty and the child/adolescent will still be permitted to participate in the program. The child/adolescent may stop work on the evaluation survey at any time or not answer a question, for whatever reason, without penalty or consequence.

The Evaluation is Confidential. All personal information collected in the surveys will be kept private. The only place in which the child/adolescent name will appear will be on this consent form. Only the staff personnel conducting this evaluation will see the consent form. The overall results from this evaluation will be used to inform AHCCCS about the effectiveness of the substance abuse prevention program. Names of individual students will not be shared with AHCCCS.

For Further Information: If you have any questions or concerns about the child/adolescent participation in this program or the evaluation, please contact:

Prevention Program Director Phone

Email address

Substance Abuse Prevention Program-Parent/Guardian Consent Form

Please check the appropriate box Below, sign, and return this form to: Name of Teacher By

☐ Yes, I give consent for my child/adolescent to complete the evaluation survey.
☐ No, I do not give consent for my child/adolescent to complete the evaluation survey.

Name of student

Signature of parent or guardian Date