

HEALTH/SEX EDUCATION CLASSES

PARENT CONSENT FORM

Acorn Montessori Charter School 7th & 8th graders are participating in health/sex education classes supported in part by the Arizona Department of Health Services and facilitated by North Star Youth Partnership. The school approved curriculum is Choosing the Best and information regarding this curriculum can be found at www.northstaryouth.org. **Programs** tab, then **health education & Puberty**. Only students with parent permission will be allowed to participate.

As part of this state funding initiative, a post survey will be given to assess the effectiveness of the program. All information about the participants in the program will be used for evaluation purposes only. As part of this effort, we are asking for your permission to allow your child to:

- Complete a post-program survey to help determine the impacts of the program and to improve the program where necessary.

Procedures to protect your child's privacy and participation:

- * Your child's name or other specific information about your child will **never be used** in a report of the results.
- * All results will be **reported in group form** so no one can determine your individual child's identity.
- * Results will be reported to North Star Youth Partnership project directors and in journal articles. **Copies of all reports are available on request.**

Only students with parent permission will be allowed to participate in the classes and/or evaluation. Your child's participation is very important to the success of the statewide effort and should pose **NO** risk to your child.

All permission slips **MUST** be returned to your child's teacher one week prior to the beginning of classes.

Your child's participation in this project is voluntary. If you have any questions regarding the information being collected, contact North Star Youth Partnership at 928-708-7214.

Please read and complete the section below:

Child's Full Name _____ Male _____ Female _____

Child's Date oBirth _____ Child's Grade _____

Name of the School _____ Teacher _____

My child has my permission to participate in the following – if you decide that you do not want your child to take the evaluation, he/she is still allowed to be a part of the program (Please check / Yes or No for each):

- a. The Sex Education Program.....[] Yes [] No
- b. The Sex Education Evaluation.....[] Yes [] No

I understand that I have the right to review the curriculum and all materials used in the education program and that I have the right to revoke this permission without notice at any time.

(Print)
Parent/Guardian Name _____ Phone _____

Parent/ Guardian Signature: _____

For further information contact:



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