

Sexual Risk Avoidance Education (SRAE) Program

CYP HRS PROGRAM ENROLLMENT FORM

Student Information*	
*Name of Program Site/School: _____	
*Class Name: _____	
*Current Grade Level. (Circle current grade level): 6 7 8 9 10 11 12 (Not Currently in School)	
Demographic Information	
*Name: _____ (First Name, Middle Initial, Last Name)	*Birth Date ____/____/____ Mo Day Year
*Sex <i>What sex were you assigned at birth, on your original birth certificate?</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <i>How do you describe yourself? (Gender/Sex).</i> (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <input type="checkbox"/> Do Not Wish to Identify	
*Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> More than one Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Do Not Wish to Identify	
	*Zip Code: _____

Youth Assent to Participate in Program Form

As part of the school's sex education program, the CYP **Sexual Risk Avoidance Education [SRAE] Program** replicates **XXX curriculum**, a program demonstrated to be effective. This program will take place during the 2022-2023 school year.

The **Sexual Risk Avoidance Education Program** will focus on building skills for healthy relationships paired with Positive Youth Development to help participants voluntarily refrain from non-marital sexual activity and promote social & emotional well-being along with healthy transitions to adulthood.

You will receive services supported by federal funds, and, as such, the program will not teach or promote religion. Sexual risk avoidance will be the message taught in the program and will include a discussion about contraception. If you have any questions about our program or organization, you can contact Project Manager, XXX, at XXX.

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As a part of the performance measurement and local evaluation of this program, you will be asked to complete a survey two different times: at the beginning of the program and at the end of our program to measure your knowledge, attitudes, beliefs, and behavior related to sex and other risk behaviors. Answers to the survey are anonymous. Your name will NOT be on the survey. The answers provided will be combined with answers from all other participants. You will never be identified by name in any evaluation reports. Your participation in completing the survey questionnaires are voluntary. Taking or not taking the surveys will not affect services here or anywhere else. Your support will help us learn more about youth behavior and attitudes and to develop effective prevention programs. If at any point you feel uncomfortable with any of the survey content you may stop the survey at any time. If you have any questions about the surveys, you may contact Torri Childs at AMTC & Associates (AMTC) at (414) 316-4534. AMTC is the organization responsible for the performance measurement and local evaluation of this program.

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I, the undersigned, have decided to participate in the CYP Sexual Risk Avoidance Education Program. In doing so, I understand:

1. I am participating in a voluntary program
2. I will be asked to take a voluntary survey at two points in time (before and after programming).
3. The answers on the surveys are completely confidential and my name will never be linked with my answers.
4. I will not be pressured to talk about anything I do not want to talk about while participating in the program.
5. I can stop participating in the program at any time.
6. Should I have questions or concerns, I may call the Project Manager or AMTC staff listed above at any time.

Name

Signature

Date

CYP SRAE Program is supported by the U.S Department of Health and Human Services Administration for Children and Families