

Example: Advancing Wellness and Resilience in Education (AWARE) Evaluation Consent Form for Interviews

*This form should be completed by AWARE participants aged 18 or above or parents of AWARE participants under age 18.*

AWARE is a program to provide behavioral health treatment and outreach to school-aged youth and their families. AWARE is funded in part by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Maryland State Department of Education (MSDE). SAMHSA and the MSDE would like to invite all clients receiving services through the AWARE program to participate in an evaluation to see if and how the help they are receiving has improved their lives in different ways. The National Center for School Mental Health (NCSMH) at the Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, is working with MSDE to collect and organize these interviews.

As someone receiving services through AWARE, you (or your child) is being asked to complete an interview about physical and mental health, functioning at work, school, and home, and social supports at the beginning of treatment, every 6 months while in treatment, and when treatment ends. This interview takes about 45 minutes and will be conducted by clinical staff. The staff conducting the interview will make sure there is no way to connect interview answers to you (or your child), meaning that the interview will not be stored with a name, birthdate, address, or any other identifying information. This “deidentified” interview (just the answers without any information about the person who completed the interview) will be shared with an evaluation team at NCSMH and funders at MSDE and SAMHSA. Answers from many interviews from people across the United States are combined to learn more about what kind of treatments are most helpful. If you decide not to complete the interviews, you (or your child) will still be able to receive therapy or treatment and will not lose access to any benefits.

By signing below, I agree to participate (or have my child participate) in interviews for the evaluation of AWARE. I acknowledge that the National Center for School Mental Health at the University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry will receive data (interview answers) for program evaluation purposes. The evaluation team does not have any way to know who completed an interview. All interview data is stored in secure files that are accessible only to people working on the evaluation. Information will only be shared for program evaluation purposes. I understand that I will not be identified personally in any reports created with information from the interviews. All published information will be a general summary of collected data.

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**CONSENT—Client Signs OR Parent/Guardian signs if Client under 18**

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**Date**

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**Signature of Witness (Interviewer)**

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**Date**

**Advancing Wellness and Resilience in Education (AWARE) Evaluation Assent Form for Interviews**

*This form should be completed by individuals in AWARE under the age of 18 IN ADDITION to the parent or guardian completing the Evaluation Consent Form.*

AWARE is a program where youth and families can receive help for different problems, often through talking to a therapist. To learn more about how people are doing while they are in therapy, we are asking them to do an interview at the beginning of treatment, every 6 months while they are in treatment, and at the end of treatment. These interviews will be completed with a clinician and will take about 45 to 60 minutes. The questions in the interview ask about your health and how you have been feeling, how school or work has been, and how your relationships with friends and family have been. You can see a copy of the interview before signing this. The answers from these interviews, but not peoples' names or any other information about who completed them, are shared with other groups of people who look at the answers of many people combined to see how treatment is working. All information related to the interviews is kept locked up or stored in secure files that only people working on the project can get to. The information from the interviews helps us learn more about how to help people in the future. You do not have to do these interviews to get this treatment or get anything else. If you decide to do the interview, and there are any questions you do not want to answer, just tell the clinician that you do not want to answer them. If you start doing an interview and decide you want to stop just let the clinician know. You can decide to stop doing the interviews at any time.

By signing below, I agree to complete interviews as part of this evaluation. I can decide to stop participating in the interviews or answer any questions at any time.

\_\_\_\_\_  
**ASSENT—Client signs if under age 18**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness (Interviewer)**

\_\_\_\_\_  
**Date**