



## SiHLE Pilot Project Participation Consent Forms

The SiHLE (Sistas Informing, Healing, Living, Empowering) Pilot Project is a local program that aims to reduce teen pregnancy and sexually transmitted infection rates among African-American girls in north and northeast Portland by increasing community capacity to provide evidence-based sexual health programs to vulnerable populations.

The SiHLE Portland Project is in its second year of piloting phase. We received positive feedback from previous program's participants explaining they learned *valuable lessons including, "I learned I can be assertive when it comes to protecting my body"* and *"I learned to be a healthy black woman"*. Throughout four, four-hour interactive group sessions, held on successive days, girls participate in interactive group discussions that emphasize ethnic and gender pride while enhancing awareness of HIV risk reduction strategies, such as abstaining from sex and using condoms consistently if already sexually active. SiHLE is a gender specific, hands-on, interactive intervention, requiring that the participants take part in the activities and discussions. At the end of each workshop we will distribute knowledge and satisfaction surveys to help us evaluate the program. These surveys will measure participants' satisfaction with the workshop as well as measure knowledge about sexual and reproductive health information that was delivered at the workshops.

The goals of the SiHLE Portland Project are: (1) To educate African American girls age 14-18 in N/NE Portland about their sexual health, (2) To increase access to information and services for sexual health in their community and (3) To empower African American girls to take charge of their health and proactively find ways to stay healthy.

As a parent/guardian of one of the participants, we welcome your support and input. If you have any questions or concerns, don't hesitate to call Megan Johnson at 503.757.4461 or email at [megan.johnson@ppcw.org](mailto:megan.johnson@ppcw.org).

Your signed consent forms for your daughter/s participation is necessary for the participation. Please fill out the forms attached and return the original hardcopy to the following address:

ATTN: Megan Johnson  
3531 NE 15<sup>th</sup> Ave  
Suite C  
Portland, OR 97213

# SiHLE Pilot Project Participation Consent Forms

I understand that as a part of my daughter's training in the **Sistas, Informing, Healing, Living, Empowering** (SiHLE) Pilot Project – health workshops for young black women, she will attend a 12 hour workshop. I give consent for my daughter to participate in the Planned Parenthood SiHLE workshops at **449 NE Emerson St, North Precinct, in Portland, Oregon on December 28 and 29 from 10AM to 4PM** for this purpose. I have read the detailed information about the workshop and I have had all my questions answered.

I release - \_\_\_\_\_ and their staff from any claims or liability arising out of my daughter's participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant if over 18)

# SiHLE Pilot Project Photo/Video Release Form

Occasionally SiHLE Pilot Project is featured for excellent work and results of the participants. This could include press releases, news articles, yearbook photos, etc.

By signing this form, you consent to be photographed, filmed, videotaped, recorded or quoted, and authorize Planned Parenthood Columbia Willamette to use the following materials:

- Still photographs
- Videotapes and / or films
- Audio tape (voice) recordings
- Participants's name
- Quoted
- Other (Specify) \_\_\_\_\_

The above materials may be used in:

- SiHLE Pilot Project Partners' Education and Promotional Programs
- SiHLE Pilot Project Partners's Publications
- SiHLE Pilot Project Partners' Websites
- Grants Reports
- Other (Specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant if over 18)

# SiHLE Pilot Project

Program Administrator: \_\_\_\_\_

PPCW, 3531 NE 15<sup>th</sup> St., Portland OR, 97212 Phone: (503) 775-4931 x2122

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The SiHLE (Sistas Informing, Healing, Living, Empowering) Pilot Project is a local program that aims to reduce teen pregnancy and sexually transmitted infection rates among African-American girls in north and northeast Portland by increasing community capacity to provide evidence-based sexual health programs to vulnerable populations.

Throughout four four-hour interactive group sessions, held on successive days, girls participate in group discussions that emphasize ethnic and gender pride while enhancing awareness of HIV risk reduction strategies, such as abstaining from sex and using condoms consistently if already sexually active. SiHLE is a gender specific, hands-on, interactive intervention, requiring that the participants take part in the activities and discussions.

Because this is a new program for our community, we are conducting a study to see how well the program works. If you agree to be part of the study, you will be asked to fill out a survey two times – once at the start and once at the end. The surveys will ask general information about you, like your age and education. The survey will also have questions about your knowledge and beliefs about specific sexual behaviors and risky behavior, and about skills regarding HIV and teen pregnancy prevention.

## **Are there any risks? Is the survey confidential?**

There are no known risks to being in the study. If you feel uncomfortable or do not want to answer certain questions on the survey, you can skip them. Your answers to the survey are **confidential**. Your name will not appear on the survey or on any reports. This consent form and any other personal identifying information will be kept apart from the answers to the survey questions. All information collected will be kept in a locked file. The PPCW Community Education Coordinator will not know what you say on the surveys. Only a data administrator will see the answers.

## **What are the benefits? Why should I do this?**

There is a great need for a culturally specific health curriculum for HIV prevention. You will learn a lot by participating, and you can help your peers learn valuable information to protect their health. We can learn a lot from your feedback on the program and from the surveys. What we learn from this study can help us to make our services better.

Being in this study is completely up to you. You can decide not to be in the study and still be part of our education training. If you have any questions about the program or the study, please call the program administrator at the number above.



**Teen/Parent Consent for Study**

**SiHLE Pilot Project**

Program Administrator: \_\_\_\_\_

PPCW, 3531 NE 15<sup>th</sup> St., Portland OR, 97212 Phone: (503) 775-4931 x2122

**TEEN CONSENT:**

I have read the information about the program and study on the first page and/or they have been explained to me. I have had all my questions answered. My signature below indicates I agree to participate.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teen name printed

**PARENT/GUARDIAN CONSENT**

I have read the information about the program and study on the first page and/or they have been explained to me. I have had all my questions answered. I understand that I will get a copy of the first page of this form to keep for myself. My signature indicates my child may participate. I know whom to call if I have future questions or concerns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(For Participants/Parents with Difficulty Reading or Writing)**

My signature below indicates that I have read all provisions of the CONSENT FORM to the participant and his/her parent/guardian and have answered all of their questions. Additionally, I witnessed the participant and/or parent/guardian sign or mark an "X" indicating her/his voluntary consent.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date