

CONSENT

My name is XXX. I am a graduate student in the XXXX Program at the Alcorn State University. I am currently doing research for my master's project and would greatly appreciate your help. I am conducting a survey to determine the effectiveness of the XXX program. The survey is designed to evaluate the program and is NOT intended to evaluate your participation.

There will be completing a survey at the beginning and again at the end of the program, which will run for xx weeks. Each survey will take about XX minutes to complete.

Your participation is entirely voluntary. Your decision on whether or not to participate in the research will in no way affect your treatment at the XXX Center. By completing the surveys, you are agreeing to participate in the project. If you do not wish to complete the initial survey, simply return it to me now. *(You may choose to have the subject place the blank initial survey in a sealed envelope or return to a drop box rather than return it to the researcher. This ensures that the researcher will not link the survey number to a particular participant.)*

If you agree to complete the survey, please be careful not to place your name or any identifiable information on the survey. All surveys are numbered and your responses will be kept strictly confidential and secure in a locked office. No one besides my advisor and I will have access to your responses or any information on the survey. If you are court mandated to attend this program, the courts and probation department will not be informed that you have completed the survey. When you have been successfully discharged from the group, I will not read your second survey until the final letters to the court and probation department have been sent. Your survey and the data gathered from your survey will not be placed in your file at the XXXX Center. The data will not include any identifying information about you, and only the summary findings for the entire group will be presented in my final report.

The results of my research will be available XXX (e.g. after July 1). If you would like to see a copy of these results, or if you have any questions regarding the project or your participation, please contact me at XXX or my adviser, Dr. XXX, at 601-877-xxxx.

The project has been reviewed and approved by the ASU Institutional Review Board
Thank you for your participation, it is greatly appreciated.

Please keep this consent for your records.