



# Prevention Services

Dear Parent/Guardian,

Your child has been invited to participate in the *Voices* program!

Through a variety of discussions, activities, and games, your child will build new connections with peers and learn important life skills. This small group of 6 to 8 youth meets weekly for 10 to 12 weeks. The sessions last for one hour and are held during the regular school day or as part of an after school program. Topics covered include:

- Communication
- Resisting Negative Peer Pressure
- Feelings
- Healthy Friendships
- Making Healthy Choices
- Goal Setting

**If you would like your child to participate, please complete the back of this form and return it with your child by the first day of the program.**

I am looking forward to having your child in group!  
If you have any questions, please contact me at the number below.

Sincerely,

Voices Facilitator  
(801) 364 – 0744 x123

## Frequently Asked Questions

### Why was my child chosen?

A teacher felt that your child would benefit from the skills taught and would be a positive addition to the group. Participation in the program is voluntary; it is not punishment for bad behavior and does not necessarily indicate a problem at school.

### Is this a therapy group?

No, *Voices* is not a therapeutic group. This life skills program promotes health and positive youth development. A trained facilitator, not a therapist, runs the group.

### Will this program get in the way of my child's school work?

No. When the program is held during school, the facilitator works with teachers to ensure the group meets at an appropriate time and your child stays on track in class. In addition, research shows that many of the skills taught in group support student's academic success.

## Voices Parent/Guardian Consent Form

To enroll your child in the group, complete all sections of this form and sign and date on the lines. Your child's personal information will not be shared with anyone. Please return this form with your child by the first day of the program.

<b>Child's Name</b>	<b>Age</b>
<b>School</b>	<b>Grade</b>
<b>Race/ Ethnicity</b> (please select all that apply)  <input type="checkbox"/> Native American/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Write in: <input type="checkbox"/> Hispanic/ Latino (of any race)	<b>Gender</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Write In:

I, \_\_\_\_\_, hereby give my informed consent for my child to participate in the Volunteers of America, Utah *Voices* Program and its related activities. I understand that this program is voluntary, and that my child is not required to participate. I understand that my child may be pulled from their classroom during school hours for group sessions. I give permission for the group facilitator to talk with my child's teacher and/or school counselor about their progress in the program. I understand that my consent can be withdrawn at any time by notifying the group facilitator by phone and that my consent will expire when the program ends.

Volunteers of America, Utah Prevention Services asks participants to complete a pre and post survey to evaluate the effectiveness of the program. You must give permission for your child to complete the survey. Your child's participation is voluntary and confidential. If your child does not participate they will not be penalized or lose any benefits to which they are otherwise entitled. Your child may discontinue the survey or skip any or all questions on the survey without penalty or loss of any benefits to which they are otherwise entitled. The facilitator will administer the survey during the first and last session of the program. **All responses are completely anonymous and confidential.** Responses are reported for groups of youth and cannot be linked to any individual youth. You can review a copy of the survey online at <https://www.voaut.org/preventionservices>

Please indicate if your child has permission to participate in the survey:

- I give permission for my child to complete the pre and post survey.
- I DO NOT give permission for my child to complete the pre and post survey.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*If you or your child have a complaint about the services provided, you have the right to file a grievance with the Director of Prevention Services (801) 364-0744 x122.*