

Sample Informed Consent Statement

(Name of Program) is conducting an evaluation to make sure that the families we serve are benefiting from our program. It is also a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to our families and this is one way to keep us on track.

Part of the evaluation involves asking program participants to complete a survey about how our services affect them and their families. If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program.

Other information about the evaluation

Your participation is voluntary. Your services will not be affected by your participation or lack of participation.

Your privacy will be protected. Your name will not appear on the survey. If you are given a case ID, only authorized program personnel will know it and it will not be shared with anyone. Once you have completed the survey, the information on it will be transferred to a database and the survey will be destroyed.

We hope you will help us by participating in this evaluation. Your participation will help us to improve services to all families who may need it.

- I agree to participate in the evaluation by responding to the PFS survey.
- I choose not to participate at this time.

Participant's signature

Date

Program signatory

Date