

## **Success With Adolescent Goals (SWAG) Parent Consent Form**

This is an invitation for your child to participate in **Success with Adolescent Goals (SWAG)**. SWAG is a program for young people ages 12-17 sponsored by the New Mexico Department of Health, and **Cavern City & Lea Co. Child Advocacy Centers**. The program is designed to help young people to set and achieve positive goals for their lives, make positive contributions to their communities and to engage in positive health behaviors, including postponing sexual involvement and avoiding non-marital sexual activity.

**What You and Your Child Will Be Asked to Do.** As a parent you will also have an opportunity to participate in the program. This will involve a parent orientation and an educational session. The SWAG program will involve your child participating in activities and learning information from the *Making a Difference* curriculum. The program will focus on issues around values, relationships with family and peers, life skills, and sexuality education. In addition, students will participate in service learning activities under the supervision of an adult mentor. This aspect of the program will also involve facilitated reflection that connects meaningful community service with academic learning, personal growth, and civic responsibility.

In addition to participating in program activities, students will be asked to complete a program evaluation questionnaire two times: 1) before the program begins, 2) at the completion of the program. The questionnaire includes items related to values, beliefs, decision making, educational and achievement goals, health risk behaviors and behavior intent (including sexual behavior). The questionnaire will take about 20 minutes to complete.

**Additional Information.** If you would like additional information about the SWAG program, please contact us at **575-964-2064** or at **jolie@senmcac.com**.

Information that you or your child may provide us will be treated as confidential and anonymous and will be used to help assess any changes in reproductive health knowledge, attitudes, and behaviors of groups of students participating in SWAG.

### **Parent/Guardian Permission**

**Please indicate by signing that your child has your permission to participate in the SWAG program.**

**I am the parent or legal guardian of \_\_\_\_\_ (print name of child) and**

**I give my permission for him/her to participate in the SWAG Program.**

**I am interested in transportation for my child.**

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**Parent Signature**