[LETTER TO SITE ADMINISTRATOR REGARDING CAPP COMPONENT TWO SURVEYS. Use your agency’s letterhead]

Dear [insert site administrator name]:

[Insert agency name] receives funding from the New York State Department of Health (NYSDOH) to implement the Comprehensive Adolescent Pregnancy Prevention (CAPP) initiative. The programming we will provide at your agency aims to enhance adolescents’ social-emotional development and relationships, as well as promote environments that support adolescents’ health and safety. We are proud to be implementing programing as part of this statewide effort to improve the health and well-being of adolescents.

Thank you for your willingness to have us implement CAPP programming in your organization.

I am requesting your permission to invite youth who are participants in the program to complete pre and post surveys as part of the statewide evaluation of the CAPP initiative. The surveys will help to understand to what extent CAPP programming promotes youth self-efficacy, healthy decision-making, and youth-adult connectedness.

Please see the attached sample surveys. A “Parent Information” sheet (attached) is provided; this will serve as a passive consent form. Youth participants and their parents will be informed that completion of these surveys is voluntary and that all survey responses will be anonymous. Parents and youth always have the right to not agree to complete the survey. If they do not agree to complete the surveys, these youth can still receive programming, but they will not be asked to complete the pre and post surveys.

Youth who are participating in the surveys will be asked to complete the pre survey on the first day of programming and the post survey on the last day of programming. CAPP staff will provide an environment to ensure that all survey responses are kept private and confidential while they are completed and collected. The anonymous responses will only be analyzed at the aggregate level, with no individually-identifying information.

I look forward to receiving your permission to use the surveys as part of our CAPP programming in your organization. If you grant permission, please send me an email at (insert e-mail) and indicate that you grant permission. Please contact me at (insert phone number and/or e-mail) if you have any questions or need additional information about the pre and post surveys.

Sincerely,