

FACES Parental Consent Form

You are invited to allow your child to complete the Family Adverse Childhood Experiences Screener (FACES). Your decision to allow your child to participate is entirely voluntary. You may refuse or withdraw your consent at any time. Your decision will not affect your child's access to any services or supports offered by your organization, church, school, or community program.

Purpose

The purpose of the FACES survey is to better understand the types of difficult or stressful experiences that children and adolescents may face. This information helps us identify common challenges, strengthen programs and services, and create safe, supportive, and healing environments for youth. The survey is intended for children and adolescents 17 years old or younger.

Procedures

If you consent, your child will:

- Complete a short paper or electronic survey.
- Be asked questions about experiences such as loss, family challenges, stress, or community violence.
- Spend about 15 minutes completing the survey.
- Not be asked to put their name anywhere on the survey.
- Be allowed to skip any questions they do not want to answer.
- Remain anonymous in any results shared or reported.

Benefits

Your child may not receive a direct benefit from completing the FACES survey. However, the information collected will help program leaders understand the needs of youth and better support families through improved services, support groups, or educational opportunities.

Risks or Discomforts

There is minimal risk to your child in completing the survey. Some questions may cause discomfort or bring up difficult memories. Your child may skip any question or stop the survey at any time. If your child feels upset, support or referrals may be offered.

Confidentiality

Your child's responses will remain private. They will not be asked to put their name on the survey. No one will be able to connect their answers back to them, and individual responses will not be shared with anyone. No churches, schools, programs, or people will be identified in reports or summaries.

Consent

By signing below, you are giving permission for your child to complete the FACES survey.

Printed Name of Child: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Time: _____

Printed Name of Person Obtaining Consent: _____

Signature of Person Obtaining Consent: _____ Date: _____

Time: _____