# **Student Information:**

**Preferred Pronouns:** [ ]  He/Him/His [ ]  She/ Her/ Hers [ ]  They/ Them/Theirs

**Participant Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ok to receive texts?** [ ]  Yes [ ]  No

**Participant Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Street Address**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City** **State** **Zip Code**

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently enrolled in mental health/ behavioral health services?** [ ]  **Yes** [ ]  **No**

**I am interested in learning more about clinical services available in my community.** [ ]  **Yes** [ ]  **No**

**What do you hope to get out of attending this group?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Caregiver Information:**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Student Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ok to receive texts?** [ ]  Yes [ ]  No

**What do you hope your student gets out of attending this group/ program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am interested in learning more about clinical services available in my community.** [ ]  **Yes** [ ]  **No**

# **Acknowledgements & Consent:**

*By checking the boxes below Participant and Caregiver acknowledge and give consent to participate in the Blues Program.*

1. I acknowledge that this is a voluntary program and that I am not mandated to attend. **Participant** [ ]  **Caregiver** [ ]
2. I understand that I will be asked to complete pre and post surveys to measure the outcomes data of the Blues Program at my school, which may include demographic information (for example, race, age, etc.).

**Participant** [ ]  **Caregiver** [ ]

1. I understand that the Blues Program is most beneficial when I participate in the minimal dosage of group sessions.

**Participant** [ ]  **Caregiver** [ ]

1. I understand that I am encouraged to participate in all scheduled groups, makeup sessions when I cannot attend, and complete assigned take-home assignments.

**Participant** [ ]  **Caregiver** [ ]

1. I understand that the Blues Program facilitator(s) are instructors and may not be licensed mental health counselors. Attending the Blues Program should not replace clinical treatment.

**Participant** [ ]  **Caregiver** [ ]

## I understand that the facilitator(s) are mandated reporters and are required under Pennsylvania Law (23 Pa. C.S.A. § 6313) to suspected child abuse or neglect.

**Participant** [ ]  **Caregiver** [ ]

**Date Form Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_