

Department of Juvenile Justice and Delinquency Prevention

PARENTAL CONSENT FOR AUDIO RECORDING FOR USE IN TRAINING

Juvenile Name/# _____ Date: _____

I (we) hereby authorize (staff member name) _____ and the Department of Juvenile Justice and Delinquency Prevention (DJJDP) to have my child's session(s) of Motivational Interviewing be recorded on audio tape/digital recording device for the purposes of training for DJJDP staff. Motivational Interviewing has been researched and shown to be successful in helping people address problems in their lives.

I (we) understand that the use of the recordings for training will benefit my child's services at DJJDP through the implementation of an evidence-based intervention as well as from the enhanced training for DJJDP staff. In addition, my child's participation will represent a significant contribution to DJJDP's work with youth and their families.

It is my (our) understanding that no identifying information will be used during the recording of the session. Only first names will be used. The recordings will be sent to our Motivational Interviewing consultants (Evidence Based Solutions, LLC) for quality assurance. After reviewing the recordings, the consultants will destroy the recordings.

I (we) understand that I (we) may withdraw my (our) consent at any time, in writing, or if I am physically unable to write, by orally advising the director of facility. If I (we) withdraw my (our) consent, DJJDP will destroy all recorded material immediately after they have received notification that my (our) consent had been withdrawn. This withdrawal of consent will have no bearing on my continuing work with DJJDP.

It is my (our) understanding that my (our) child's participation or refusal to participate in audio recording for the above purposes will have no negative bearing on his/her continuing treatment with DJJDP.

I (we) fully understand the nature and intention in the use of these recordings and have had all questions relating to my (our) consent answered to my (our) satisfaction.

This release will be in effect from _____ (DATE) to _____ (DATE)

Names - printed:

Signatures of parents/guardians & Date:

WITNESS: _____

Names - printed:

Signatures of Witness & Date:
