Appendix A

PRELIMINARY QUESTIONNAIRE FOR KEY ADMINISTRATORS

Please describe your program’s mission and objectives (What is the purpose of the program? What problem does it address?):

Please describe the components of the program (activities/interventions) that are used to achieve the aforementioned objectives:

What would you need to see and hear from your clients to know your program was effective in achieving the objectives? What are the anticipated short-term and long-term impacts of the program?
What are the program’s strengths?

What are the program’s weaknesses?

Who are the teens served by the shelter? Describe your client population.

What would you like to learn about your program using this evaluation?
How do you plan to use the results of the data collected in this study?

With whom would you be interested in sharing the results of this study?
Appendix B

TEEN QUESTIONNAIRE

Age: __________    Sex:  Male____  Female:____

Ethnicity:  African-American___        Asian______  Caucasian____
              Hispanic_____  Middle Eastern_____  Other_______

Have you ever used drugs? (Circle one)    YES        NO
If Yes, which drugs have you used? ___________________________________________________________________________

Have you ever used alcohol?     YES     NO
If yes, how often do you use alcohol? ________________

How many days did you stay at the shelter? _________________

What reasons did you have for staying at the shelter? (Check ✔ all that apply)
    Respite (needed a break from the family) ______
    Homeless (nowhere else to stay) ______
    Inexpensive / Free ______
    Ran away from home ______
    Did not feel safe at home ______
    Parents did not feel safe with you at home ______
    Placed by Social Services ______
    Kicked out of the house ______
    Other (please explain) ______

________________________________________________________________________

If you ran away,
    How many times have you run away from home? __________

    Where have you stayed when you ran away from home?

What reasons do you have for running away from home? If this is not your first time leaving home, please indicate past reasons and current reasons:

PAST REASONS:                                               CURRENT REASONS:
What was the reason for your discharge from the shelter? (Please check all that apply)

- Two weeks were completed
- Alternative placement was found
- Family felt ready to reunite
- Dissatisfaction with the shelter
- Unable to comply with AH rules
- Other (please explain)

If you have stayed in other placements, which have you stayed in? (check all that apply):

- Other shelters
- Psychiatric hospital
- Juvenile detention
- Group Home
- Other (please explain)

What did you find most helpful about Alternative House?

What did you find least helpful about Alternative House?

On a scale from 1 to 10 (1=not at all helpful, 10=very helpful) rate how helpful you found the Alternative House program.

1 2 3 4 5 6 7 8 9 10

Please list what you would like to see added to the program:
Family Therapy

Did you receive family therapy at Alternative House? YES NO

If no, why not?

If yes,

What was most helpful about the family therapy you received through Alternative House?

What was least helpful about the family therapy you received through Alternative House?

How many family therapy sessions did you attend? __________

Who attended family therapy with you?

Did you create a treatment plan? YES NO

If no, why not?

Did you achieve any of your goals? YES NO

If no, why not?

If yes, what goals did you achieve?

On a scale from 1 to 10 (1=not useful at all, 10=very useful) rate how useful the family therapy at Alternative House was to you.

1 2 3 4 5 6 7 8 9 10
OTHER PROGRAM ASPECTS

What, if any, skills did you learn during your stay at Alternative House (check all that apply)?

- Anger Management  
- Interpersonal Relationship Skills  
- Coping Skills  
- Conflict Resolution  
- Communication Skills

How did you learn these skills?

In what ways do you think you will use these skills in the future?

In what ways do you think you will not use these skills in the future?

Are you returning home?  YES  NO

If YES, how hopeful are you that your relationship with your parents will be better since your stay at the shelter?  (1=Not at all hopeful, 10=Very hopeful)

1 2 3 4 5 6 7 8 9 10

In what ways, if any, has your stay at Alternative House improved your relationship with your parents?

What was most helpful about the Evening and Education groups?
What was least helpful about the Evening and Education groups?

Were there any other topics you wish had been addressed during group?

What was helpful about having other teens in the program with you?

What was not helpful about having other teens in the program with you?

What was helpful about having teen volunteers and interns working at Alternative House?

What was not helpful about having teen volunteers and interns working at Alternative House?

On a scale from 1 to 10, (1=not teen-friendly, 10=very teen-friendly) please rate how accessible (“teen-friendly”) you found Alternative House.
Please list examples of the program that were “teen-friendly”: Please list examples of the program that were not “teen-friendly”:

Would you recommend Alternative House to a friend? Why or why not?

How did you hear about Alternative House?

Please share any additional comments you might have, including strengths and weaknesses of the program, areas or ideas for improvement, or anything else not addressed in this questionnaire:
Appendix C

PARENT QUESTIONNAIRE

Age: __________   Sex: Male___ Female:___

Ethnicity:   African-American___ Asian_____ Caucasian_____
             Hispanic_____ Middle Eastern_____ Other_____

How many days did your teen stay at the shelter? ________________

What reasons did your teen have for staying at the shelter? (Check ✔ all that apply)

- Respite (needed a break from the family) ___
- Homeless (no where else to stay) _____
- Inexpensive / Free _____
- Ran away from home ______
- Child did not feel safe at home ______
- Parents did not feel safe with child at home ______
- Placed by Social Services _____
- Kicked out of the house _____
- Other (please explain) _____
  __________________________________________
  __________________________________________

If your teen ran away,

How many times has your teen run away from home? ________________

Why did your teen leave home? If this is not the first time s/he has left, please indicate past and current reasons:

PAST REASONS:  CURRENT REASONS:

____________________________________________________________________

Where does your teen go when s/he runs?

What was the reason for your teen’s discharge from the shelter? (Please check all that apply)

- Two weeks were completed ______
- Alternative placement was found ______
- Family felt ready to reunite ______
- Dissatisfaction with the shelter ______
- Unable to comply with AH rules ___
  __________________________________________
  __________________________________________
What did you find most helpful about Alternative House?

What did you find least helpful about Alternative House?

On a scale from 1 to 10 (1=not at all helpful, 10=very helpful) rate how helpful you found the Alternative House program.

1 2 3 4 5 6 7 8 9 10

Please list what you would like to see added to the program:

FAMILY THERAPY

Did you receive family therapy at Alternative House? (Circle one) YES NO
If no, why not?

If yes,

What was most helpful about the family therapy you received through Alternative House?

What was least helpful about the family therapy you received through Alternative House?

How many family therapy sessions did you attend? __________

Who attended family therapy with you?
Did you create a treatment plan? YES NO
If no, why not?

Did you achieve any of your goals? YES NO
If no, why not?

If yes, what goals did you achieve?

On a scale from 1 to 10 (1=not useful at all, 10=very useful) rate how useful the family therapy at Alternative House was to you.

1 2 3 4 5 6 7 8 9 10

OTHER PROGRAM ASPECTS
What, if any, skills did you learn while your child was staying at Alternative House? (Check all that apply)

Anger Management _____ Parenting Skills _____
Coping Skills _____ Conflict Resolution _____
Communication _____

How did you learn these skills?

In what ways do you think you will use these skills in the future?

In what ways do you think you will not use these skills in the future?
Is your teen returning home?  YES  NO

If YES, how hopeful are you that your relationship with your teen will be better since his/her stay at the shelter?  (1=Not at all hopeful, 10=Very hopeful)

1  2  3  4  5  6  7  8  9  10

In what ways, if any, has your teen’s stay at Alternative House improved your relationship with your teen?

On a scale from 1 to 10, (1=not parent-friendly, 10=very parent-friendly) please rate how accessible (“parent-friendly”) you found Alternative House.

1  2  3  4  5  6  7  8  9  10

Please list examples of the program you found “parent-friendly”:  Please list examples of the program you found not “parent-friendly”:

Would you recommend Alternative House to a friend? Why or why not?

How did you hear about Alternative House?

Please share any additional comments you might have, including strengths and weaknesses of the program, areas or ideas for improvement, or anything not addressed in the questionnaire:
Appendix D

STAFF QUESTIONNAIRE

Age: __________    Sex:  Male____  Female:____

Ethnicity:   African-American___  Asian______  Caucasian_____
            Hispanic______  Middle Eastern_____ Other_______

How long have you worked at the shelter? ______________________

What are the three most common reasons you think teen clients have for staying at the shelter? (Check all that apply)
  Respite (needed a break from the family) _____
  Homeless (no where else to stay) _____
  Inexpensive / Free _____
  Ran away from home _____
  Child did not feel safe at home _____
  Parents did not feel safe with child at home _____
  Placed by Social Services _____
  Kicked out of the house _____
  Other (please explain) _____

________________________________________

What do you think are the three most common reasons for the teens’ discharge from the shelter? (Please check all that apply)
  Two weeks were completed _____
  Family felt ready to reunite _____
  Dissatisfaction with the shelter _____
  Unable to comply with AH rules _____
  Alternative placement was found _____
  Other (please explain) _____

________________________________________

What do you think clients would say is most helpful about the Alternative House program?

What do you think clients would say is least helpful about the Alternative House program?

On a scale from 1 to 10 (1=not at all helpful, 10=very helpful) rate how helpful you think the Alternative House program is to clients.

1 2 3 4 5 6 7 8 9 10
Please comment on anything missing from the program you would like to see added:

**FAMILY THERAPY**

What do you think is most helpful about the family therapy clients receive through Alternative House?

What do you think is least helpful about the family therapy clients receive through Alternative House?

What do you think helps clients reach their treatment goals?

What do you think hinders clients from reaching their treatment goals?

On a scale from 1 to 10 (1=not useful at all, 10= very useful) rate how useful you think the family therapy at Alternative House is for clients.
OTHER PROGRAM ASPECTS

What, if any, skills do you think clients (both parents and teens) learn at Alternative House? (Check all that apply)

- Anger Management
- Coping Skills
- Communication
- Interpersonal Relationship Skills
- Conflict Management / Resolution
- Parenting Skills

How do you think they learn these skills?

How do you think clients will use these skills in the future?

In what ways do you think clients will not use these skills in the future?

What do you think is most helpful about the Evening and Education groups?

What do you think is least helpful about the Evening and Education groups?

Are there any other topics you think should be addressed during group?
What do you think is helpful about having teen volunteers and interns at Alternative House?

What do you think is not helpful about having teen volunteers and interns at Alternative House?

How hopeful are you that parent/teen relationships will improve after an experience at the shelter? (1=Not at all hopeful, 10=Very hopeful)

1 2 3 4 5 6 7 8 9 10

In what ways, if any, do you think a stay at Alternative House will improve parent/teen relationships?

On a scale from 1 to 10, (1=not parent-friendly, 10=very parent-friendly) please rate how accessible ("parent-friendly") you think most parents find Alternative House.

1 2 3 4 5 6 7 8 9 10

Please list examples of the program you think are “parent-friendly”:

Please list examples of the program you think are not “parent-friendly”: 
On a scale from 1 to 10, (1=not teen-friendly, 10=very teen-friendly) please rate how accessible (“teen-friendly”) you think most teens find Alternative House.

1  2  3  4  5  6  7  8  9  10

Please list examples of the program you think are “teen-friendly”:

Please list examples of the program you think are not “teen-friendly”:

Would you recommend Alternative House to a friend? Why or why not?

Please share any additional comments you might have, including strengths and weaknesses of the program, areas or ideas for improvement, or anything not addressed in the questionnaire:
Appendix E

STAFF MEMO

We are conducting an evaluation of the Alternative House Teen Shelter program in conjunction with Virginia Tech. There are two aspects to your participation in this study.

The first aspect is completely voluntary. Attached is a consent form and a questionnaire asking for your feedback regarding the effectiveness of the teen shelter program. If you are willing to participate, please sign the consent form and place it in the folder marked “Consent Forms” in the box marked “Research Data.” Then, fill out the attached confidential questionnaire. When you have finished, please seal the completed questionnaire in the envelope provided and place it in the box marked “Research Data.” We appreciate your time and thoughtfulness if you choose to participate in this portion of the evaluation study.

The second aspect of your participation in this study involves administering the client questionnaires as a part of the discharge packet. Attached is a statement to be read to both the teen and the parent before they complete the questionnaire. Your assistance in administering the questionnaires is greatly appreciated. If you are administering the discharge paperwork, please try to make the completion of the consent form and this survey as routine and painless as possible. Clients will seal their responses in envelopes provided and return them to you. They can also choose to take them home and mail them back to the Virginia Tech researchers. Please encourage clients to fill out the questionnaire at the shelter. This will increase the response rate and hopefully provide a better picture of the clients’ experience at the shelter. Your only responsibility at that point is to place the sealed envelopes in the box marked “Research Data.” Your utmost attention to professionalism and confidentiality is appreciated.

We hope that the results of this study will lead to program improvement and development. Your participation, on both levels, is greatly appreciated. If you have any questions, please feel free to contact Samir or David. You may also contact Shelby Lake, the researcher at Virginia Tech, at 328-7743, with any questions.

Thank you.

Signed by administrators of AH
Appendix F

CLIENT INSTRUCTIONS

We are conducting an evaluation of the Alternative House teen shelter with the help of researchers from Virginia Tech. We hope this study will lead to the improvement of the shelter program. Your participation in this study is completely voluntary. We would appreciate it if you would each fill out this questionnaire related to your experience at the shelter. Your responses will remain confidential. Staff at the shelter will never know what you wrote. Only the researchers at Virginia Tech will have access to the completed questionnaires during the course of this study.

There is no time limit when completing the questionnaire. You may take as much time as you need. You will be given an envelope along with the questionnaire. When you have finished answering the questions, please seal the completed questionnaire in the envelope and give it back to me. I will place it in a box marked for the research study. If you wish to take the questionnaire home, you will be given a stamped, self-addressed envelope to send it directly to the researchers at Virginia Tech. We ask that you do not discuss your answers with each other while you fill out the questionnaire.

Please read through the Consent Form and sign it before completing the questionnaire. You can give the consent form to me and I will place it in a folder marked for the forms. If you have any questions, I will answer them to the best of my ability. If I cannot answer them, please call Shelby Lake at 703.328.7743.

Thank you, in advance, for your participation in this study. Your honest answers are greatly appreciated.
Appendix G

TEEN INFORMED CONSENT

Title of the Study: Alternative House Program Evaluation

Investigator: This study is being conducted by Shelby Lake, candidate for the Master’s degree in Marriage and Family Therapy at Virginia Polytechnic Institute and State University in conjunction with Alternative House. Her advisor is Dr. Karen Rosen. Shelby can be reached at 703.328.7743.

I. Purpose of the Study
The purpose of the study is to determine the staff and clients’, both teens’ and parents’, experiences at Alternative House. This information will serve to educate staff and administrators about the client and staff perceived strengths and weaknesses of runaway programs that will lead to future program development.

II. Procedures
Participants in this study will be asked by staff on duty at the shelter to complete the evaluation questionnaire given at the time of discharge. You will be asked to fill out the questionnaire separate from anyone else and seal it in an envelope upon completion. The information you provide on the questionnaire will be kept confidential. You will not be asked to put your name on any of these sheets. If you choose to fill out the questionnaire at the shelter, you will give the sealed envelope to the staff administering the discharge packet. If you choose to take the questionnaire home, you will mail it to the investigator in the self-addressed stamped envelope provided.

III. Risks
Because of the nature of this project and the participants being selected, we do not anticipate any risks.

IV. Benefits of the Project
Your participation in this project will give Alternative House information about the clients’ experiences at the Alternative House Teen Shelter. This information will be very valuable to staff and administrators regarding program development. A benefit for you might be the opportunity to reflect on what you have gained from your experience with the shelter, and what you would like to continue to change.

V. Confidentiality
All information you provide will be treated with complete confidentiality. Your name will not appear on any of the materials. Questionnaires will be coded for the purpose of linking teen and parent responses. Only the researcher and her advisor will have access to the completed questionnaires. The expected completion date of this study is May, 1999. At that time, the anonymous questionnaires will be given to the clinical administrator of the shelter for further research purposes. There will be no specific identifying features from the information you provide for any oral or written presentation.
associated with this study. In addition, written reports of this study will not refer to any names of individuals. Findings will be reported in group form. If you choose to review the final drafts of the study for accuracy and protection of your anonymity, copies will be provided.

VI. Compensation
Other than our sincere appreciation, no guarantee of benefits is being made to encourage you to participate in this study.

VII. Freedom to Withdraw
If at any time you change your mind about participating in this study, you are encouraged to withdraw your consent and to cancel your participation.

VIII. Approval of Research
This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at the Virginia Polytechnic and State University and by the Department of Family and Child Development.

IX. Participant’s Responsibilities
I voluntarily agree to participate in this study. I understand that I will be asked to complete the questionnaire, giving my feedback about my experience with the Alternative House program. I understand there is no time limit and I may take as long as I need to fill out the questionnaire. It is my responsibility to give the completed questionnaire that I have sealed in the envelope provided to the staff administering the questionnaire, or to mail the questionnaire directly to the researcher in the self-addressed, stamped envelope provided. I have had all of my questions answered and hereby give my consent for participation in this project.

X. Participant’s Permission
I have read and understand the informed consent and conditions of this project. I hereby acknowledge the above and give my voluntary consent for participation in this project. I realize I have the right to withdraw at any time without penalty.

_________________________________________        _____________________
Participant’s Signature                                                 Date

Should I have any questions about this research, I will contact:

Shelby Lake                Dr. Karen Rosen                Dr. Cline
Researcher                 Faculty Advisor                  Local IRB Reviewer
703.328.7743              703.538.8461                    703.538.8492
Appendix H

PARENT INFORMED CONSENT

Title of the Study: Alternative House Program Evaluation

Investigator: This study is being conducted by Shelby Lake, candidate for the Master’s degree in Marriage and Family Therapy at Virginia Polytechnic Institute and State University in conjunction with Alternative House. Her advisor is Dr. Karen Rosen. Shelby can be reached at 703.328.7743.

I. Purpose of the Study
The purpose of the study is to determine the staff and clients’, both teens’ and parents’, experiences at Alternative House. This information will serve to educate staff and administrators about the client and staff perceived strengths and weaknesses of runaway programs that will lead to future program development.

II. Procedures
Participants in this study will be asked by staff on duty at the shelter to complete the evaluation questionnaire given at the time of discharge. You will be asked to fill out the questionnaire separate from anyone else and seal it in an envelope upon completion. The information you provide on the questionnaire will be kept confidential. You will not be asked to put your name on any of these sheets. If you choose to fill out the questionnaire at the shelter, you will give the sealed envelope to the staff administering the discharge packet. If you choose to take the questionnaire home, you will mail it to the investigator in the self-addressed stamped envelope provided.

IV. Risks
Because of the nature of this project and the participants being selected, we do not anticipate any risks.

V. Benefits of the Project
Your participation in this project will give Alternative House information about the clients’ experiences at the Alternative House Teen Shelter. This information will be very valuable to staff and administrators regarding program development. A benefit for you might be the opportunity to reflect on what you have gained from your experience with the shelter, and what you would like to continue to change.

VI. Confidentiality
All information you provide will be treated with complete confidentiality. Your name will not appear on any of the materials. Questionnaires will be coded for the purpose of linking teen and parent responses. Only the researcher and her advisor will have access to the completed questionnaires. The expected completion date of this study is May, 1999. At that time, the anonymous questionnaires will be given to the clinical administrator of the shelter for further research purposes. There will be no specific identifying features from the information you provide for any oral or written presentation.
associated with this study. In addition, written reports of this study will not refer to any names of individuals. Findings will be reported in group form. If you choose to review the final drafts of the study for accuracy and protection of your anonymity, copies will be provided.

VII. Compensation
Other than our sincere appreciation, no guarantee of benefits is being made to encourage you to participate in this study.

VIII. Freedom to Withdraw
If at any time you change your mind about participating in this study, you are encouraged to withdraw your consent and to cancel your participation.

IX. Approval of Research
This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at the Virginia Polytechnic and State University and by the Department of Family and Child Development.

X. Participant’s Responsibilities
I voluntarily agree to participate in this study. I understand that I will be asked to complete the questionnaire, giving my feedback about my experience with the Alternative House program. I understand there is no time limit and I may take as long as I need to fill out the questionnaire. It is my responsibility to give the completed questionnaire that I have sealed in the envelope provided to the staff administering the questionnaire, or to mail the questionnaire directly to the researcher in the self-addressed, stamped envelope provided. I have had all of my questions answered and hereby give my consent for participation in this project.

XI. Participant’s Permission
I have read and understand the informed consent and conditions of this project. I hereby acknowledge the above and give my voluntary consent for participation in this project. I also give permission for my child to participate in this study. I realize we have the right to withdraw at any time without penalty.

__________________________________________________________________________
Participant’s Signature                                      Date

Should I have any questions about this research, I will contact:

Shelby Lake  Dr. Karen Rosen  Dr. Cline
Researcher  Faculty Advisor  Local IRB Reviewer
703.328.7743  703.538.8461  703.538.8492
Appendix I

STAFF INFORMED CONSENT

Title of the Study: Alternative House Program Evaluation

Investigator: This study is being conducted by Shelby Lake, candidate for the Master’s degree in Marriage and Family Therapy at Virginia Polytechnic Institute and State University in conjunction with Alternative House. Her advisor is Dr. Karen Rosen. Shelby can be reached at 703.328.7743.

I. Purpose of the Study
The purpose of the study is to determine the staff and clients’, both teens’ and parents’, experiences at Alternative House. This information will serve to educate staff and administrators about the client and staff perceived strengths and weaknesses of runaway programs that will lead to future program development.

II. Procedures
Staff participants in this study will be given a memo explaining the evaluation procedures. You will be asked to fill out the questionnaire separate from anyone else and seal it in an envelope upon completion. The information you provide on the questionnaire will be kept confidential. You will not be asked to put your name on any of these sheets. If you choose to fill out the questionnaire at the shelter, you will place the sealed envelope in the box marked “Research Data.” If you choose to take the questionnaire home, you will mail it to the investigator in the self-addressed stamped envelope provided.

V. Risks
Because of the nature of this project and the participants being selected, we do not anticipate any risks.

VI. Benefits of the Project
Your participation in this project will give Alternative House information about the clients’ experiences at the Alternative House Teen Shelter. This information will be very valuable to other staff and administrators regarding program development. A benefit for you might be the opportunity to reflect on what you have gained from your experience with the shelter, and what you would like to continue to change.

VII. Confidentiality
All information you provide will be treated with complete confidentiality. Your name will not appear on any of the materials. Only the researcher and her advisor will have access to the completed questionnaires. The expected completion date of this study is May, 1999. At that time the anonymous questionnaires will be given to the clinical administrator of the shelter for further research purposes. There will be no specific identifying features from the information you provide for any oral or written presentation associated with this study. In addition, written reports of this study will not refer to any names of individuals. Findings will be reported in group form. If you choose to review
the final drafts of the study for accuracy and protection of your anonymity, copies will be provided.

VIII. Compensation
Other than our sincere appreciation, no guarantee of benefits is being made to encourage you to participate in this study.

IX. Freedom to Withdraw
If at any time you change your mind about participating in this study, you are encouraged to withdraw your consent and to cancel your participation.

X. Approval of Research
This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at the Virginia Polytechnic and State University and by the Department of Family and Child Development.

XI. Participant’s Responsibilities
I voluntarily agree to participate in this study. I understand that I will be asked to complete the questionnaire, giving my feedback about my experience with the Alternative House program. I understand there is no time limit and I may take as long as I need to fill out the questionnaire. It is my responsibility to place the completed questionnaire that I have sealed in the envelope provided in the box marked “Research Data”, or to mail the questionnaire directly to the researcher in the self-addressed, stamped envelope provided. I have had all of my questions answered and hereby give my consent for participation in this project.

XII. Participant’s Permission
I have read and understand the informed consent and conditions of this project. I hereby acknowledge the above and give my voluntary consent for participation in this project. I realize I have the right to withdraw at any time without penalty.

____________________________________             _____________________
Participant’s Signature                                                 Date

Should I have any questions about this research, I will contact:

Shelby Lake            Dr. Karen Rosen     Dr. Cline
Researcher             Faculty Advisor     Local IRB Reviewer
703.328.7743           703.538.8461       703.538.8492
Appendix J

ADMINISTRATOR INFORMED CONSENT

Title of the Study: Alternative House Program Evaluation

Investigator: This study is being conducted by Shelby Lake, candidate for the Master’s degree in Marriage and Family Therapy at Virginia Polytechnic Institute and State University in conjunction with Alternative House. Her advisor is Dr. Karen Rosen. Shelby can be reached at 703.328.7743.

I. Purpose of the Study
The purpose of the study is to develop an evaluation process that will determine the staff and clients’, both teens’ and parents’, experiences at Alternative House. This information will serve to educate staff and administrators about the client and staff perceived strengths and weaknesses of runaway programs that will lead to future program development.

II. Procedures
Administrative participants will be asked to fill out a questionnaire regarding the Alternative House Teen Shelter. The information you provide will be kept confidential. You will not be asked to put your name on any of the sheets. You will receive this questionnaire in a manila envelope from the researcher, and can return the completed, anonymous questionnaire to her at the AH administrative office or at her home address. The information will be used to help generate the staff and client questionnaires. You will also be asked to review and revise drafts of the questionnaires, to assure the study is consistent with your evaluation goals. You will also be asked to revise and approve staff memos, instructing staff of the evaluation procedures. Upon completion of the data collection phase, you will be asked to meet with the researcher and her advisor to discuss the results and the future applications of the results to the program.

III. Risks
Because of the nature of this project and the participants being selected, we do not anticipate any risks.

VII. Benefits of the Project
Your participation in this project will give Alternative House information about the goals and objectives of the Alternative House Teen Shelter. This information will be very valuable to the creation of the evaluation questionnaires. The information received via the questionnaires will be helpful regarding program development. A benefit for you might be the opportunity to reflect on what your vision is for the shelter and what you might like to see regarding program development.

VIII. Confidentiality
All information you provide will be treated with complete confidentiality. Your name will not appear on any of the materials. Only the researcher and her advisor will have access to the completed questionnaires. The expected completion date of this study is May, 1999. At that time the anonymous questionnaires will be given to the clinical administrator of the shelter for further research purposes.

IX. **Compensation**  
Other than our sincere appreciation, no guarantee of benefits is being made to encourage you to participate in this study.

X. **Freedom to Withdraw**  
If at any time you change your mind about participating in this study, you are encouraged to withdraw your consent and to cancel your participation.

XI. **Approval of Research**  
This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at the Virginia Polytechnic and State University and by the Department of Family and Child Development.

XII. **Participant’s Responsibilities**  
I voluntarily agree to participate in this study. I understand that I will be asked to complete the questionnaire, giving my feedback about the Alternative House Shelter. I understand there is no time limit and I may take as long as I need to fill out the questionnaire. It is my responsibility to return the completed questionnaire to the researcher via the administrative office or to mail the questionnaire directly to the researcher in the self-addressed, stamped envelope provided. I have had all of my questions answered and hereby give my consent for participation in this project.

XIII. **Participant’s Permission**  
I have read and understand the informed consent and conditions of this project. I hereby acknowledge the above and give my voluntary consent for participation in this project. I realize I have the right to withdraw at any time without penalty.

____________________________________             _____________________  
Participant’s Signature                                                 Date

Should I have any questions about this research, I will contact:

<table>
<thead>
<tr>
<th>Shelby Lake</th>
<th>Dr. Karen Rosen</th>
<th>Dr. Cline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher</td>
<td>Faculty Advisor</td>
<td>Local IRB Reviewer</td>
</tr>
<tr>
<td>703.328.7743</td>
<td>703.538.8461</td>
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