

**Announcing enrollment for the Teen Life Clubs!** Starting in October, your child will have the opportunity to join a group of up to twenty teens, ages 11-14, to participate in 30 weekly sessions, monthly enrichment activities and other exciting events. Interns and volunteers will assist with the coordination and planning of Club activities. The following is a history and an overview of **TLC**. Also included in this mailing are:

- \* TLC Overview Sheet
- \* Parent Consent Form
- \* APEP Intake Form
- \* Media Consent Form

### **A Brief History**

Over ten years ago, the Division of Adolescent and Young Adult Medicine at Children's National Medical Center developed an after school program for 11-14 year olds. The Teen Life Clubs (TLC) works to develop life skills through education about adolescent health issues, goal-setting, life-skill development, and building money skills. Each TLC participant earns a stipend/gift card for being in the Club, based on attendance, punctuality, and positive participation. The response from the youth and parents has been so positive over the years that we have 3 Clubs this year (1 Boys Club and 2 Girls Clubs). Please see the TLC info sheet for site locations and times.

### **TLC Participant Requirements**

As a member of TLC, your child is **required** to:

- Submit the parent consent form(s)
- Participate in weekly **TLC** sessions at their site from October to June
- Participate in monthly enrichment activities and family events

**TLC** has four units:

1. **A STAR IS BORN: Exploring Identity** – Teens will explore their personal identity, self-esteem and learn the S.T.A.R. model, which is a way to build on their personal strengths and confidence when making positive decisions.
2. **STARRING YOU: Healthy Bodies** – Teens will discuss the physical, emotional, and social changes that occur during the teen years, as well as reproductive health and how to make healthy and smart decisions.
3. **BE A ROCK STAR: Violence Prevention** – Teens will learn about healthy relationships, and the warning signs and effects of bullying, dating violence, and other unhealthy relationships. They will learn conflict resolution skills and create an art project around teen violence to be displayed at Children's Hospital.
4. **REACHING STARDOM: The World of Work** – Teens will explore their talents, interests, and job skills. They will also develop money skills, create resumes, participate in mock interviews, and discuss goal setting for summer and long-term employment.

### **Group Mentoring**

A unique feature of this program is the group mentoring that is offered by Club facilitators and group sponsors. Club facilitators will work with your child each week during club sessions and make weekly phone calls to update you on your child's progress and announce upcoming events. Group sponsors are service and/or civic organizations in DC. They will support your group by helping at various enrichment events and contributing to family events. The boys are mentored by LEGACY (Legion of Education

Gentleman Advancing and Challenging Youth) and the girls are mentored by JLW (The Junior League of Washington).

### **Enrichment Activities**

On several Saturdays and some weekdays throughout the year, your child will have the opportunity to meet new friends and develop new skills. They can participate in free activities and trainings such as a ropes course, a book club, hip hop dance instruction class, Silver Spring Thanksgiving Parade, a community service project, and self-defense training. Though space is limited for many of the events, youth will be given equal opportunities to participate in these great activities.

### **Family Circle**

In order to encourage skill building for parents and families and a way to encourage communication between families, youth, and program staff, we host family events throughout the year. Family parties are held three times a year as a way for parents/guardians to get to know other participants and staff. Monthly newsletters will be sent home to keep the family up to date on the topics being discussed in the sessions and upcoming events. TLC also offers a Family Retreat in the spring that will engage experts in adolescent development, communication and fun events between parent/guardians and their youth.

### **Evaluation**

We ask that youth help us in determining if the program is effective and how we can improve it by participating in feedback sessions and taking several assessments. The evaluation consent forms will be made available at the first club session

### **Graduation and Special Events**

To celebrate your youth's participation in the program, we will have a celebration ceremony when the program finishes in June. Though all youth will receive a certificate, please note that only youth that have participated in the majority of the program will receive graduation certificates and be eligible to go on a special group trip at the end of the year.

**Families are strongly encouraged to attend the Parent Orientation to turn in consent forms and receive the program calendar and receive answers to any questions. We will have an orientation at Children's Hospital Adolescent Clinic (111 Michigan Ave, NW) on Tues, September 14<sup>th</sup> from 6-8pm and another one on Tues, September 21<sup>st</sup> from 6-8pm at THEARC. Let us know if you're coming at 202-476-6018**

***We look forward to getting to know you and your child this year!***

Maranda Ward, MPH  
Program Manager

Keanna Faircloth  
Community Health Coordinator



## About the Evaluation

Dear Youth and Parents,

The Teen Life Clubs (TLC) has been running for over 10 years. Grants and individual donations have allowed us to offer this program for FREE to teens every year. Over the years, youth and their families have told us great things about the program. But, in order for us to continue to find the money needed to support the program, we need to track our program success- this is called an evaluation.

### *What do you mean by 'evaluation'?*

To evaluate the program means we have to ask the TLC youth some questions. The hospital calls this research. Specifically, we will be asking your child to provide us with information about their opinion of the program, as well as their knowledge and behaviors related to different adolescent health issues.

### *What does this mean for you?*

We are asking that all participating youth take two anonymous surveys, four unit assessments and participate in feedback sessions. The surveys will be given to your child at the beginning and end of the year. These surveys are used to find out what behaviors and knowledge about adolescent health topics are present in the group at the beginning and if the program changes those over the course of the year. Please note that all surveys are **anonymous**, meaning your child's name will not be on the documents. The assessments are given at the end of each unit to just see if your teen learned any new information. Feedback sessions also take place at the end of every unit and in the last session. These are group conversations about what they liked about the program and how we can make it even better.

### *What is the IRB form?*

The Institutional Review Board (IRB) is a committee at Children's Hospital that was formed to protect patients. The board looks over any research being done by the hospital to make sure patients are not harmed and that their rights are protected. We have received approval from the IRB for this evaluation; however at this time, the IRB form is not ready to be signed by parents and guardians. The letter serves to provide information on evaluation and the IRB form. The evaluation consent forms will be made available before the Teen Life Clubs begins in October 2010.

### *Do we have to participate?*

**No.** Your family can still participate in the Teen Life Clubs even if you choose not to be a part of the evaluation. However, we are encouraging all members to participate so that we can get everyone's perspective on the program to get their opinion to make it better.

*If you have any questions, please contact us at 202-476-6018. We appreciate you choosing to help us make TLC the best program it can be!*



**"I learned more in TLC than in health class and it was fun!"**



## **TEEN LIFE CLUBS (TLC)**

### **DESCRIPTION**

The Teen Life Clubs (TLC) began in 1997 and is an after-school youth development program that focuses on HIV and pregnancy prevention for 11-14 year olds, within the Division of Adolescent and Young Adult Medicine at Children's National. Our curriculum helps teens develop the life skills they need to make safe, responsible choices about goal setting, sexual activity, responding to violence, maintaining healthy relationships, making money and securing jobs/careers. The TLCs include weekly club meetings and monthly enrichment activities. We also strengthen families through family dinners and the *Family Circle* retreat. Youth also participate in group mentoring; with the girls being mentored by the Junior League of Washington (JLW) and the boys being mentored by the Legion of Educated Gentlemen Advancing and Challenging Youth (LEGACY). The program is 100% supported by grants.

### **TARGET POPULATION**

- Boys and Girls, ages 11-14
- Urban youth in Metropolitan DC (DC/MD/VA)
- Patients of Children's Hospital and/or its community clinics
- Teens referred from schools and other community organizations and programs

### **WHAT MAKES TLC UNIQUE?**

TLC is original because it:

1. Allows TLC youth to earn up to \$260 for participating in weekly lessons, get weekly snacks and attend FREE field trips and enrichment activities throughout the program year;
2. Provides well-rounded reproductive health and sexuality education to middle school age youth through our life skill building S.T.A.R.dom curriculum and program activities;
3. Engages families through Teen-Caregiver Retreat and weekly correspondence; and
4. Offers a direct link to Children's Hospital adolescent health services (including HIV testing) which also allows us to follow-up on participants' health status over time.

### **MEETING TIMES AND LOCATIONS (2009-2010)**

TLC runs from October-June (30 weeks) and meets weekly for 2 hours. There are also several weekend enrichment activities throughout the year (ropes course, hip hop exercise, community service etc). Each Club meeting is facilitated by trained health educators.

We have TLC sites at Children's main hospital (NW), Children's Comp Clinic (NW).

### **HOW TO SIGN UP**

- Visit the website to print the consent forms at [www.ChildrensNational.org/apep](http://www.ChildrensNational.org/apep)
- Call the office to have the forms mailed or faxed to you at 202-476-6018
- Attend the parent orientation on Tues, Sept 14th from 6-8pm at Children's Adolescent Clinic or Tues, Sept 21<sup>st</sup> from 6-8pm at THEARC, community room.



TEEN LIFE CLUBS PARENT/GUARDIAN CONSENT FORM

Teen's Name: \_\_\_\_\_ Teen's Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (needed for teen to receive stipend)

I, (parent/guardian) \_\_\_\_\_, hereby give permission to Children's

Please print parent's full name clearly

National Medical Center for my child \_\_\_\_\_ to participate in the Teen Life Clubs

Please print teen's name clearly

(TLC), sponsored by the Division of Adolescent and Young Adult Medicine. This will involve weekly sessions from October to June as well as monthly enrichment activities, coordinated by staff and volunteers. By signing this permission form, I grant authority to any adult accompanying my child to authorize any emergency treatment or medical intervention by qualified personnel, who may be required to protect the health of my child. I also agree that the members of Children's National Medical Center and its affiliates will not be financially responsible for any medical treatment rendered on my child's behalf. I expressly release the employees from any liability arising in any way from my child's participation in this volunteer site visit unless all permission is given and this form may not be altered with respect thereto. By signing below I also represent that I am authorized to give my permission for the above-named child.

Signature of Parent or Guardian

Date

\*\*If typing this form, you must still print and sign as the parent/guardian before submitting the form.\*\*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

Please retype/print your Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Emergency Contact Person (someone other than parent/guardian): \_\_\_\_\_

Name/Relationship

Emergency Phone Number(s): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

Policy #: \_\_\_\_\_

Does your child have any medical conditions or food allergies that we need to know about (including learning disabilities)? If so, please list all conditions and/or allergies: \_\_\_\_\_

Yes, my teen is a patient at Children's National Medical Center or one of its clinics.

Yes, I would like for the Teen Life Clubs to write a school dismissal letter to allow my teen to leave school early to attend the weekly club meetings. My teen's school is: \_\_\_\_\_

School Address: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_

Please check the site of your choice for you teen to participate in:

THEARC (boys-Tues, 5-7pm)

Children's National (girls- Wed, 4-6pm)

COMP Clinic (girls- Thurs, 4-6pm)

If you have any questions or concerns, please call Keanna Faircloth, TLC Coordinator, at 202-476-6018.

Return forms via email to [mward@cnmc.org](mailto:mward@cnmc.org), fax at 202-476-3711, or mail to Children's National Medical Center Attn: Keanna Faircloth, 111 Michigan Avenue, NW Washington, DC 20010

Adolescent Prevention Education Programs (APEP)

# PROGRAM INTAKE FORM

Youth Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Ward \_\_\_\_\_ (if in DC)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Facebook \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

How old are you: \_\_\_\_\_

Date of Birth \_\_\_\_\_

What is your sex:

- Female
- Male
- Other

How do you describe yourself:

- Asian
- Black or African American
- American Indian/Alaskan Native
- Hispanic or Latino
- White
- Other \_\_\_\_\_

With whom do you live? (select all that apply)

- One birth parent
- Both birth parents
- Step parent (and may include a birth parent)
- Adopted family
- Foster parent
- Group home

- Grandparent
- Aunt, uncle or cousin
- Other \_\_\_\_\_

**In what grade are you (or highest education):** \_\_\_\_\_

**If in grades 5-12, which best describes your school:**

- Public
- Public Charter
- Private
- Other \_\_\_\_\_
- Not in school

**Are you involved in any activities at school, church or the community?**  Yes  No

**For which program(s) are you signing up:**

- Teens Against the Spread of AIDS (peer education program for 16-18 year olds)
- Today's New Teens (workshop series for 13-18 year olds)
- Teen Life Clubs (after-school program for 11-14 year olds)
- Focus on Youth + ImPACT (after-school program for 12-15 year olds)
- Teen Talk (birth control class)
- VOICES (waiting room program for 18-24 year olds)
- Summer Youth Employment Program (SYEP)

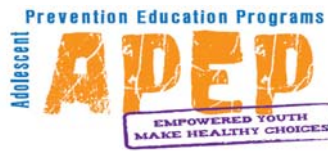
**Have you done the program you are signing up for before?**  Yes  No

Year of last Physical \_\_\_\_\_

Check if you're a Children's Hospital patient (you don't need be a patient to sign up)

**How did you hear of us?**

- Newspaper/Magazine
- Flyer/poster
- On hold message
- Friends
- On-line
- Doctor/medical professional



Other \_\_\_\_\_

**Would you like to receive emails about our other programs and teen events?**

Yes    No





**Interview/Video/Photograph Authorization**

I/we hereby authorize my child \_\_\_\_\_ age \_\_\_\_\_ to be interviewed and/or videotaped or photographed, or to have medical information about him/her released for the purposes listed below:

**Scope of use:**

- o Children's National publications/promotional materials
- o Media Relations
- o Provision of information to Public Officials

I/we further authorize Children's National Medical Center to release my child's name, voice, picture, likeness, and statements at any time, according to the scope of use indicated, for 12 months from today. However, I/we understand at any time during that 12-month period I/we am/are entitled to revoke that authority for future use by contacting the Public Relations and Marketing Department at 202-476-4500.

I/we hereby authorize my child's medical provider [insert name and title] \_\_\_\_\_ to be interviewed by \_\_\_\_\_ and to disclose private health information concerning my child's medical condition. I understand that this information may be used for publication in the open media. I also understand that I may withdraw my consent to this disclosure at any time through written or verbal request.

I/we understand that once the news media interviews and/or photographs my child, the media owns all rights to that footage and Children's National Medical Center has no authority over where or when it is displayed. The footage can be used how the news media sees fit throughout the world in perpetuity.

I/we waive any right of inspection or approval of my child's appearance or information or the uses to which that appearance may be put.

I/we understand Children's National Medical Center has no control of any photographs/video taken of my child by any Public Official or third party representative during a visit once they leave the premises.

I/we understand that the information is confidential and that I/we am/are waiving the right to keep this information confidential by signing this authorization. I/we hereby release Children's National Medical Center and its entities from any claim for damages including, but not limited to, breach of confidentiality, invasion of privacy, violation of the physician-patient privilege, or violation of any District of Columbia or Federal law.

Signature: \_\_\_\_\_  
Parent or Legal Guardian

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City, State and Zip Code

Phone number: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_