Youth Vaping Alternative Program Education (YVAPE)
Active (Opt-In) Consent to Participate

Who is offering the program? Shu-Hong Zhu, PhD, and his team at UC San Diego are offering YVAPE to support students who have been found in possession of, under the influence of, or selling nicotine and/or marijuana at school. YVAPE is funded by the California Department of Education and California Department of Public Health.

What will happen to me in this program?

1. Videos & Discussion – You will watch at least three short online videos (2–5 minutes each) and answer 4–5 discussion questions with a supportive adult or trusted friend before your Core Coaching Call. (15–30 minutes)
2. Core Coaching Call – A YVAPE coach will talk with you about nicotine and/or marijuana and videos. (30–45 minutes)
3. Certificate of Completion – Once you complete the program, you will receive a certificate of completion

What optional activities does the program offer?

1. Optional Additional Support Calls – If you would like extra support, you can request additional follow-up calls with a YVAPE coach. This is an opportunity to talk more about substance use and build social-emotional skills. (20–30 minutes)
2. Optional Evaluation – If you agree to be contacted for an evaluation during your Core Coaching Call, you may receive an invitation a couple of months later to answer a few questions about your substance use and experience with YVAPE. As a thank-you for your time, you will receive a $10 gift card for completing the evaluation. (5–10 minutes)

YVAPE may contact you by phone, email, and text message. Depending on your phone plan, standard messaging rates may apply. You can opt out of text messages at any time by replying STOP. If we are unable to reach you for your scheduled coaching call, we may try contacting your parent or guardian by phone (for students ages 12–17).

All calls are audio-recorded for quality assurance purposes. Access to these recordings is limited to authorized individuals who need to review them as part of their job responsibilities.

What risks are associated with this program?

- You may feel uncomfortable discussing your experiences with nicotine and/or marijuana.
- We take steps to protect your privacy. Before analyzing data, we remove information that could identify you. We also follow procedures to securely store and handle all sensitive information. However, there is a small risk that someone could gain unauthorized access to the database and view private information.

What benefits can I expect? You may experience some of the following benefits from participating in YVAPE:

- Participation may help you avoid suspension or fulfill your school's alternative disciplinary requirements, depending on your school's policies.
- You may learn more about the health effects of nicotine and/or marijuana and receive support and resources for cessation.

Can I quit the program after I start? Yes. Participation in YVAPE is completely voluntary, and you may withdraw from the program at any time. If you choose not to participate or decide to leave the program, your school may follow its standard policies and procedures for students found using or in possession of nicotine and/or marijuana on campus.

Will you keep my records confidential? Yes. Your records will be kept confidential to the extent permitted by law. School staff will not be informed about what you discuss with your YVAPE coach. However, YVAPE will share your program completion status with your school.

Your Signature and Consent

By signing below, you agree to participate in the YVAPE program. If you are 12–17 years old, your parent or guardian must also sign to give permission for you to participate.Once you are enrolled, you and your parent or guardian (if you are 12–17 years old) will receive an email with additional information about the program and what to expect.

Please select age: ○ I am 12-17 years old ○ I am 18 years or older

_____	_____
Student's Full Name	Parent/Guardian's Full Name – *if student is 12-17 years old*
_____	_____ Student's
Signature	Parent/Guardian's Signature – *if student is 12-17 years old*
_____	_____
Student's Email Address	Parent/Guardian's Email Address – *if student is 12-17 years old*
_____ _____	_____ _____
Student's Phone Number Date	Parent/Guardian's Phone Number Date

Contact yvape-support@health.ucsd.edu for any YVAPE related questions.

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School Name