



Falls Prevention Program Group Leader / Coach Script

Read / paraphrase the following points to participants prior to their completion of the Participant Information Form.

- This workshop is made possible by a grant from the U.S. Administration for Community Living (ACL) and support from The Virginia Department for Aging and Rehabilitative Services.
- We would like to give you a two-page form today and then at the last class, we will again ask you to complete a brief-post-survey.
- Before we can share your information with ACL and its database contractor, the National Council on Aging and The Virginia Department for Aging and Rehabilitative Services, we want to explain how your information will be used and protected.
- Completing the forms is entirely voluntary. You can skip certain questions or choose not to complete the form at all. If you decide not to complete the form you can still participate in this program.
- However, please know that your information is very valuable to us. We use it to learn who is being reached by this program and to improve our services for others like yourselves. It also helps our funding agencies show that they are spending their money wisely.
- At the top of the form, we ask for the first two letters of your first and last name, and the last two years of the year you were born. We will use this information to match against the Attendance Log to track how many times you attend a class and to the post-survey. We do not share your information with anyone else.
- We follow very strict rules to protect all of your information and to keep it private. We will maintain these paper forms securely following standard practices for protecting private data. After a trained person enters your information into a secure online database, we will destroy the paper forms.
- Please take time now to read the form.
- You may ask us to explain any questions that you find confusing.