Dear Parent or Guardian,

The (\_\_\_\_\_\_\_County School District\_\_\_\_) periodically asks students to complete tests, surveys and questionnaires to gather information about various topics pertaining to youth. During this school year, we will be administering a student survey to gather information about your child’s attitudes toward alcohol and drugs, the availability of alcohol and drugs in the community and other community/school-related issues (e.g.\_\_\_\_\_\_ ). This is a very important survey that will help promote better health among our youth and combat problems such as drug abuse and violence.

Your agreement and your child’s participation in the survey are completely voluntary. Please read the following information about the survey. *If you* ***do not*** *want your child to complete the survey, please sign and return this form by* ***(date)****.*

**Survey Content**. The survey gathers information about your child’s attitudes toward alcohol and drugs, the availability of alcohol and drugs in the community and other community/school-related issues (e.g.\_\_\_\_\_\_)

**It is Voluntary**. Your child does not have to take the survey. Students who participate only have to answer the questions they want to answer and they may stop taking it at any time without penalty.

**It is Anonymous and Confidential**. The survey will be confidential (not seen by others) and anonymous (no names will be recorded or attached to the survey forms or data—students cannot be identified).

**Benefits of the Survey.** The survey will help program planners learn more about how to design activities to improve school and community programs to prevent alcohol and drug use among youth.

**Potential Risks.** There are no known risks of physical harm to your child. Your child will not have to answer any questions unless he or she wants to.

**Survey Review:** Beginning (date), a copy of the survey will be available for preview by contacting (name and phone number) or (name) at (phone number).

**For Further Information**. Call (name, phone number) or (name, phone number) if you have any questions about the survey.

*If you* ***do not*** *want your child to participate, please sign and return to the school by* ***(date).***

***I do NOT want my child to participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Parent/guardian signature Date***

***I do want my child to participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Parent/guardian signature Date***