**Intent to Survey Form**

SCHOOL DISTRICT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Thank you for the opportunity.  **We will** participate in the SC Communities That Care Survey.

 \_\_\_\_ We plan to facilitate the survey in the on-line format.

 \_\_\_\_ We plan to facilitate the survey in the paper/pencil format.

[ ]  Thank you for the opportunity. **We will unfortunately not be** participating in the SC Communities That Care Survey this cycle.

NAME AND TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail, fax, or email the completed form to [insert county AOD agency contact name here] of [insert name of county ATOD authority here] at:

[insert mailing address here]

 [insert fax number here]

or

[insert email address here]

