

ACTIVE PARENTAL PERMISSION FORM

Our school is taking part in the Youth Risk Behavior Survey sponsored by the Department of Public Instruction. The survey will ask about health behaviors that keep young people healthy, as well as behaviors that result in unintentional and intentional injuries, tobacco use, and alcohol and other drug use. It will also ask about bullying, sexual risk behaviors (mostly for high school students), online risk behaviors, stress and anxiety, self-harm, dietary behavior and physical activity. It also focuses on positive things like strong connections to the school and to other people.

Students will be asked to fill out an anonymous, online questionnaire that takes about 25-35 minutes to complete. They will take the survey during regular class time.

Completing this anonymous survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect your child's privacy. Students will not put their names on the survey and it does not ask for student IDs or any other individual identifiers. The classroom setting will be set up like a test so that students' answers remain private. The school will not have access to individual students' answers. Your child will get no benefit right away from taking part in the survey. However, the results of this survey do help students by providing schools and the community with information that is used to improve health and safety programs. We would like all selected students to take part in the survey, **but the survey is voluntary**. No action will be taken against you, or your child, if your child does not take part. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty. If you have questions about the survey, you may ask your child's teacher or school counselor. If they cannot answer your questions, they can direct you to the proper person at the Department of Public Instruction.

Please read the section below. **Please check the appropriate box below, sign and date the form and return the form to the school no later than [Date].** Thank you.

Child's name: _____ Grade: _____

I have read this form and know what the survey is about.

[] YES, I give permission for my child to take part in this survey.

[] NO, I do NOT give permission for my child to take part in this survey.

Parent's signature: _____ Date: _____