

[INSERT NAME OF COUNTY, DISTRICT, OR SCHOOL] Schools
COMMUNITY YOUTH DEVELOPMENT STUDY
Communities That Care Youth Survey

[DATE]

Dear Parent/Guardian:

During the month of [INSERT MONTH], the 6th, 8th, 10th and 12th grade students in our district will be taking part in the Communities That Care (CTC) Youth Survey. The survey studies adolescent health behaviors as part of an important county-wide effort to address and prevent problem youth behaviors. The coalition supporting the survey also supports important prevention programming in our school, local youth health clinics, and numerous other programs designed to protect and support adolescents.

The CTC Youth Survey is designed to be completed electronically and in one class period, and is completely anonymous, confidential, and voluntary. There is no identifying information on the survey forms, and your child's grade does not depend on answering the questions. Each child will be given the option of skipping any question that he or she prefers not to answer, or to decide not to participate in the survey at all. This anonymous survey asks questions about risk and protective factors for your child and his or her classmates. The survey will be administered by school staff and/or a [INSERT COALITION NAME] community board member. It is an electronic survey that takes about 45 minutes to complete. Results are reported in summary form only, by grade level county-wide. No individual survey answers are ever identified or shared. This type of consistent, reliable, and comparable data enables area agencies and school districts to identify priority youth risk areas and to design, implement, and evaluate programs targeting those areas.

Your child's participation is completely voluntary. If you DO NOT wish your child to participate, please fill out the form below and return to your child's homeroom teacher or school office. Students themselves may also choose not to participate at any time, for any reason, without any repercussion. Our goal is to encourage a safe environment where students can feel like their voice is heard.

If you would like to learn more about the survey (or review the survey ahead of time) you may do so by e-mail at [INSERT YOUR EMAIL] or visit UPCTC.com/Data for a sample survey and other information.

Thank you for your participation,

[INSERT YOUR NAME]

[INSERT YOUR TITLE]

[INSERT COALITION NAME] | [INSERT THE ORGANIZATION YOU ARE EMPLOYED BY]

I do NOT want my child to participate in the CTC Youth Survey. Please return by [*INSERT DUE DATE*].

Parent/Guardian Name: _____

Student Name: _____ Student Grade: _____

Student School: _____

Parent Signature: _____ Date: _____