



## 2024-2025 TN Together Student Survey PARENTAL CONSENT FORM

**STUDY TITLE:**  
**STUDY DIRECTOR(S):**

TN Together Statewide Student Survey  
Jessica Lawson-Adams, PhD, Survey Director, EMT Associates, Inc.

Your child's school is taking part in a statewide survey sponsored by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Substance Abuse Services (DSAS). The survey asks questions about youth behaviors, attitudes, and social norms concerning substance misuse, emotional wellness, and related risk behaviors, such as underage gambling. The types of substance use behaviors measured on the survey include the use of alcohol, tobacco, vaping products, marijuana, and other illegal drugs; binge drinking; and the misuse of prescription medications. The survey is being administered to all 8th, 10th, and 12th grade students across participating public schools in Tennessee. The purpose of this form is to obtain your written permission for your child to participate in the survey, in accordance with Tennessee state law (Tenn. Code § 49-2-211), .

### SURVEY PROCEDURES

We would like your child to take part in this anonymous survey. All students in grades 8, 10, and 12 who attend your child's school are being asked to participate. The survey will be given during the school day and takes about 15 minutes to complete. A teacher or other school staff member will be available to help answer any questions.

### POTENTIAL RISKS OR BENEFITS OF PARTICIPATION

Taking the 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. A school counselor or other school staff will be on hand to deal with any concerns your child may have. If you have questions about your child's rights by taking part in this survey, you may contact the Survey Director, Dr. Jessica Lawson-Adams, at [tn-together-survey@emt.org](mailto:tn-together-survey@emt.org) or (877) 355-6027. Copies of the survey form are available for parents to review through their child's school or can be found at <https://bit.ly/2024-25-tn-together-survey>. Your child will get no direct benefit from taking part in the survey; however, your child's participation may help schools and communities in their efforts to reduce alcohol and drug use and improve youth health and wellness.

### ANONYMITY AND CONFIDENTIALITY

The survey has been designed to protect your child's privacy. The survey is completely anonymous. No names are used. The only people who will know if your child is taking part in the survey are those who are involved in the survey administration (e.g., school counselors, teachers, administrators). The survey results will be kept private to the extent allowed by law, and only research staff will be allowed to look at the anonymous student data. Survey results will be kept through the conclusion of the study period and will be stored in a locked filing cabinet, storage facility, or on a protected computer.

### VOLUNTARY PARTICIPATION/WITHDRAWAL

We would like all students in grades 8, 10, and 12 at selected schools to take part in the survey, but the survey is **voluntary**. No action will be taken against the school, you, or your child if your child does not take part. Students can skip any question that they do not wish to answer and may stop taking the survey at any point without penalty.

### CONSENT

Please read the section below and check one of the two boxes. If you give permission, your child will be asked to complete this survey. Sign the form and **return it to the school within three days**. Please see the next page of this form for more facts about the survey. If your child's teacher or principal cannot answer your questions about the survey or if you have questions about this form, please contact Jessica Lawson-Adams at [tn-together-survey@emt.org](mailto:tn-together-survey@emt.org) or (877) 355-6027. Thank you for your help with this important effort.

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

**PLEASE CHECK ONE OF THE BOXES BELOW AND SIGN:**

☐ **YES**, my child may take part in this survey.

☐ **NO**, my child may not take part in this survey.

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Parent/Guardian Signature

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Date