LETTER HEAD

Date

Dear Parent(s)/guardian(s),

This spring students will be participating in a statewide survey of alcohol, tobacco, and other drugs use (the *Indiana Youth Survey*). Students in grades 6 – 12 are scheduled to participate. Your child’s school will administer the survey sometime during the window of February – April. If you would like to know the date scheduled for your child’s school, please contact the school’s main office. The survey is conducted by Prevention Insights, School of Public Health, Indiana University-Bloomington. The information regarding the survey (i.e., sample questionnaires, reports, etc.) can be viewed at [www.INYS.indiana.edu](http://www.INYS.indiana.edu).

The purpose of the survey is to have accurate knowledge of alcohol, tobacco, and other drug usage from the youth in our community. The information will be comparable to both state and national data. The school system will get a report back that indicates usage by grade level. The outcomes of the survey assist us in planning curricula and programs to address alcohol, tobacco, and other drug use prevention.

The survey takes about 30 minutes to complete and is **voluntary, confidential, and anonymous**. No one will know who responded to the online survey. Student answers will be summarized in a report that will not include anyone’s name. No direct personal identifiers nor IP addresses will be recorded as part of the survey.

Again, the survey is voluntary and confidential. If your child chooses **NOT** to participate in the survey, please complete the request below. Please feel free to contact me if you have any questions at XXX-XXX (ext. XXXX) or [XXXXX@XXXX.edu](mailto:XXXXX@XXXX.edu).

Sincerely,

XXXXXXXXX

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Complete **only if you do NOT** want your child to participate in the survey. Return to your child’s school (Front Office or Principal).

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do NOT want \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Print Parent’s Name Print Student’s Name

to participated in the *Indiana Youth Survey*.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_