

Idaho Office of Drug Policy | Active Parental Consent

Parental Consent Form for Youth Participant Survey

Our goal at _____ is for every child to have a successful and enjoyable experience that helps to prepare them for the future. In particular, we wish to provide youth with the knowledge, skills, and abilities to resist the appeal and pressures to use alcohol, tobacco, and other drugs.

To help us understand how well we are meeting this goal, your child will be given an opportunity to answer some questions about their experience with our youth substance use prevention program.

The questions we wish to ask your child focus on the effectiveness of our program, not you as a parent. Therefore, we would like to ask your child to complete one retrospective survey that will help us determine if our program is meeting your child's needs and our goal to prevent youth substance use and misuse. The questions your child may be asked include questions about his or her interpersonal skills and satisfaction with the program, as well as questions pertaining to their knowledge, attitudes, and use of alcohol and drugs. All survey items have been validated to ensure age appropriateness and fit, regarding the purpose of the program.

All your child's answers to the survey questions will be completely **ANONYMOUS** and remain **CONFIDENTIAL**. The responses provided by your child will be combined with data from other students and reported in group form only. No personally identifiable information will be collected in the surveys and there will be no way to identify your child and his or her individual responses in the reports. The summary of responses will only be used to evaluate our program's effectiveness.

The surveys are attached for your review, if you have additional questions feel free to contact the program facilitator _____, the program facilitator at _____.

If you DO give permission for your child to participate in a survey to evaluate the impact of our substance abuse prevention program, please sign and return this form to your child's teacher/program facilitator by _____. If you are NOT comfortable with your child participating in the survey, you do not need to return this form – your child will not participate in the survey if you do not sign and return this form. You are, however, advised to keep this letter for your records.

	Yes, I DO give my permission for my child to participate in the survey
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Child's Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

This survey is completely confidential. Your answers help us understand how to better support young people. Thank you for participating!

Grade <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th	Gender <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	Race (check all that apply) <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
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Instructions: For each statement in Sections A-D, mark how you think you would have answered BEFORE the program and how you would answer NOW (after the program).

A	Statement (T = True, F = False)	Before the program		Now (after the program)	
1	Drinking alcohol can slow down your thinking and reaction time.	<input type="radio"/> T	<input type="radio"/> F	<input type="radio"/> T	<input type="radio"/> F
2	Marijuana/cannabis use can affect your memory and ability to learn.	<input type="radio"/> T	<input type="radio"/> F	<input type="radio"/> T	<input type="radio"/> F
3	Vaping or using e-cigarettes is safe because it doesn't contain tobacco.	<input type="radio"/> T	<input type="radio"/> F	<input type="radio"/> T	<input type="radio"/> F
4	You can become addicted to substances even if you only use them occasionally.	<input type="radio"/> T	<input type="radio"/> F	<input type="radio"/> T	<input type="radio"/> F

B	Statement	Before the program					Now (after the program)				
		Not at all confident		Very confident			Not at all confident		Very confident		
1	I would say "no" if someone offered me alcohol.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2	I would say "no" if someone offered me an e-cigarette or vape pen.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3	I would say "no" if someone offered me marijuana/cannabis.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4	I would leave a situation where people were using drugs or alcohol.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5	I would stick to my decision not to use substances even when friends pressure me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6	I can handle stress without using substances (like talking to someone I trust, exercising, or doing something I enjoy).	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

C	Statement	Before the program					Now (after the program)				
		Strongly Disagree		Strongly Agree			Strongly Disagree		Strongly Agree		
1	It's okay for someone my age to drink alcohol occasionally.	①	②	③	④	⑤	①	②	③	④	⑤
2	It's okay for someone my age to vape or use e-cigarettes occasionally.	①	②	③	④	⑤	①	②	③	④	⑤
3	It's okay for someone my age to use marijuana/cannabis occasionally.	①	②	③	④	⑤	①	②	③	④	⑤
4	Using substances makes you look cool.	①	②	③	④	⑤	①	②	③	④	⑤
5	I have decided to stay away from drugs.	①	②	③	④	⑤	①	②	③	④	⑤
6	I have decided to avoid drinking alcohol until I'm 21.	①	②	③	④	⑤	①	②	③	④	⑤
7	My parents/caregivers and I talk openly about important things in my life.	①	②	③	④	⑤	①	②	③	④	⑤
8	Most of my friends think it is okay for people my age to use alcohol or drugs.	①	②	③	④	⑤	①	②	③	④	⑤
9	I think about consequences before I make decisions.	①	②	③	④	⑤	①	②	③	④	⑤
10	What we believe about ourselves affects the way we act or behave.	①	②	③	④	⑤	①	②	③	④	⑤

D	Answer each of the following questions based on the prompt: How often would you _____?	Before the program					Now (after the program)				
		Never	Once or Twice	Monthly	Weekly	Daily	Never	Once or Twice	Monthly	Weekly	Daily
1	Have 1 or more alcoholic beverages (beer, wine, or hard liquor)?	①	②	③	④	⑤	①	②	③	④	⑤
2	Have 3 or more alcoholic beverages on a single occasion?	①	②	③	④	⑤	①	②	③	④	⑤
3	Use marijuana/cannabis in any form?	①	②	③	④	⑤	①	②	③	④	⑤
4	Use prescription drugs not prescribed to you?	①	②	③	④	⑤	①	②	③	④	⑤
5	Smoke cigarettes?	①	②	③	④	⑤	①	②	③	④	⑤
6	Use other tobacco products (smokeless tobacco [snuff, dip, chewing tobacco, or snus], cigars, or pipe tobacco)?	①	②	③	④	⑤	①	②	③	④	⑤
7	Use e-cigarettes (vape pens, JUUL, or other devices) to vape nicotine?	①	②	③	④	⑤	①	②	③	④	⑤
8	Use any other substance to get high?	①	②	③	④	⑤	①	②	③	④	⑤