



Parental Consent Policy

Idaho Substance Abuse Prevention Programs Serving Minors

July 1, 2020

Overview

Prevention providers administering the Substance Abuse Block Grant (SABG) and Partnerships for Success (PFS) grant funded student surveys have the option of using passive parental consent or active consent, depending on the preferences of stakeholders. Under passive consent procedures, parents/guardians inform the program facilitator **only if they do not want their child to participate** in the survey process (opt out), as opposed to active consent in which parents/guardians inform the program facilitator only if they do want their child to participate (opt in).

The Office of Drug Policy's surveys:

- Are limited to youth in grades 4 through 12.
- Are anonymous, confidential, and voluntary. Student data cannot be linked to a student's name in any form or manner.
- Provide an opportunity for parents/guardians to be officially notified in writing at the beginning of the program about the survey administration, timeline, content and intent. Parents/guardians may choose to decline (passive consent) or accept (active consent) their child's participation.
- Parents/guardians are notified of any substantive changes in survey policies, dates, or content that occurs after the initial notification.
- **A student's participation in a program should in NO WAY be affected by whether they participate in the SABG/PFS funded student survey.**

Potential Benefits of Passive Consent

- Lower cost and time
- Increased participation
- Provide a more representative sample

Considerations for Changing from Active to Passive Consent

- Active consent provides extra protection against surveying a student whose parents did not receive notification or did not approve of participation but failed to inform you. This extra protection may be important if risk behavior surveys are a sensitive issue in your community.
- Providers should take special precautions to demonstrate that they made every reasonable effort possible to inform parents about the survey and to give them opportunities to opt out.

Recommendations for Passive Consent Implementation

Survey procedures should ensure that parents receive the consent materials and have sufficient time and opportunities to refuse participation. ODP recommends the following:

- Providers stress that survey participation is voluntary in all communications. Notify students and parents in writing and verbally (before survey administration) that they have the right to decline participation and to not answer any question that makes them uncomfortable. Make sure students feel comfortable declining participation.
- Send all consent information and forms via a method that guarantees receipt. For example, the information can be put into a parent handbook in which the parent signs.
- Use multiple contact techniques. Do everything possible to ensure parents receive notification.
- Make sure all materials are language appropriate for parents and are at an 8th grade reading level.
- Make opting out convenient. Again, use multiple venues: a written form that can be turned into a provider, a phone number to call, or email address. Each channel should reach a single person identified as the program administrator.
- Document all efforts to notify parents.

As in previous years, access to the individual surveys will be restricted to the Provider Administrator, Data Administrator and the Prevention Provider staff DIRECTLY involved with outcomes survey administration. Parents, teachers and the public will NOT have access to participants' responses. Individual participant surveys should never be shared with or discussed with anyone.

A Sample Parental Consent form in English and Spanish is attached and can also be found on the ODP website: <https://prevention.odp.idaho.gov/>.

Office of Drug Policy
Student Survey Parent Consent Form
(Declined Participation)

Our goal at _____ is for every child to have a successful and enjoyable experience that helps to prepare him or her for the future. In particular, we wish to provide children 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 program.

The questions we wish to ask your child focus on the effectiveness of our program and not you as a parent. Therefore, we would like to ask your child to complete one or more surveys that will help us determine if our program is meeting your child's needs and if the program is meeting our goal to prevent substance use in children. 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 your child's 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 programs.

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 at _____.

Your child does NOT have to answer questions to participate in our program. Your child's participation in the survey is completely VOLUNTARY. Your child may withdraw from the survey at any time. If you DO NOT want your child to participate in the survey, sign the attached form and return it to your child's teacher by _____. If you want your child to participate in the survey, you do not need to return the attached form. You are, however, advised to keep this letter for your records.

If you DO NOT give permission for your child to participate in a survey to evaluate the impact of this substance abuse prevention program, please return this signed form by _____. If you do not mind that your child participates in these surveys, you do not need to return this form.

No, I DO NOT give my permission for my child to participate in this survey.

Child's Name

Child's School

Parent/Guardian Printed Name

Parent/Guardian Signature

Select Date

YOUTH SURVEY: Grades 4-5Survey Timeframe: Pre ☐ Post ☐

REGION <RG> <PROVIDER-----> <PROGRAM----->

This survey is designed to give us information about your health knowledge, attitudes and behaviors. Please answer all of the questions honestly. Your answers are confidential – no one will ever know how you answered. Please bubble in the response that best matches your answer. Do not put your name on this form.

Please completely fill in the bubble for your answer:

Like This: ● NOT Like This: ✓ ⊗ ⊙

How often do you do the following...

	Never	Sometimes	Most of the time	All the time
1. Try to be a good friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Treat others the way you like to be treated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Think about how others feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Respect others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do you think it is for someone your age to...

	Not wrong at all	A little wrong	Wrong	Very wrong
5. Drink beer, wine or liquor (alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Use electronic vapor products (including e-cigarettes, vape pen, or JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people might hurt their bodies if they...

	Not at all	A little bit	More than a little bit	A lot
9. Drink beer, wine or liquor (alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Use electronic vapor products (including e-cigarettes, vape pen, or JUUL)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the other side →

Please tell us how easy or difficult each of the following is for you:

	Very easy	Easy	Difficult	Very difficult
13. Knowing ways I calm myself down.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowing the emotions I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowing what my strengths are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowing when my feelings are making it hard for me to focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Setting goals for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Getting along with my classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Respecting a classmate's opinion during a disagreement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Thinking about what might happen before making a decision.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowing what is right or wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 6 months...

	Yes	No
22. Have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use?	<input type="radio"/>	<input type="radio"/>
23. Have you and any of your parents/caregivers discussed family rules or expectations about using tobacco, alcohol, or drugs?	<input type="radio"/>	<input type="radio"/>

Please answer the following question at the end of the program only:

	Yes	No
24. Did you also take this survey at the beginning of the program?	<input type="radio"/>	<input type="radio"/>

25. What grade are you in?

- ☐ 4th
- ☐ 5th

26. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I prefer not to say

27. What is your race/ethnicity? (Mark all that apply)

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino/a
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Asian
- ☐ American Indian/Alaska Native

Thank you for taking part in this survey!

YOUTH SURVEY: Grades 6-12

Survey Timeframe: Pre ☐ Post ☐

<PROVIDER>

<PROGRAM>

<REG>

This survey is designed to give us information about your health knowledge, attitudes and behaviors. Please answer all of the questions honestly. Your answers are confidential – no one will ever know how you answered. Please **bubble in the response** that best matches your answer. Do not put your name on this form.

Please **completely fill in the bubble** for your answer:

Like This: ☐ NOT Like This: ☒ ☐ ☐

During the past 30 days, did you ever...

	Yes	No
1. Drink alcoholic beverages (beer, wine, or hard liquor) – more than just a few sips?	<input type="radio"/>	<input type="radio"/>
2. Have 5 or more drinks of an alcoholic beverage in a row?	<input type="radio"/>	<input type="radio"/>
3. Use tobacco in any form (including cigarettes, chewing tobacco, snuff, dip, or vape)?	<input type="radio"/>	<input type="radio"/>
4. Use marijuana in any form (including pot, weed, edibles, or vape)?	<input type="radio"/>	<input type="radio"/>
5. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>
6. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?	<input type="radio"/>	<input type="radio"/>

During the past 30 days, do you think your friends ever...

	Yes	No
7. Drank alcoholic beverages (beer, wine, or hard liquor) – more than just a few sips?	<input type="radio"/>	<input type="radio"/>
8. Had 5 or more drinks of an alcoholic beverage in a row?	<input type="radio"/>	<input type="radio"/>
9. Used tobacco in any form (including cigarettes, chewing tobacco, snuff, dip, or vape)? ...	<input type="radio"/>	<input type="radio"/>
10. Used marijuana in any form (including pot, weed, edibles, or vape)?	<input type="radio"/>	<input type="radio"/>
11. Misused prescription drugs?	<input type="radio"/>	<input type="radio"/>
12. Used electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?	<input type="radio"/>	<input type="radio"/>

Mark only one answer for each question. Select the answer that best fits you.

	Never	Sometimes but not often	Often	All the time
13. How often do you stop to think about your options before you make a decision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How often do you stop to think about how your decisions may affect others' feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How often do you stop and think about all of the things that may happen as a result of your decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I make good decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you think people risk harming themselves physically and in other ways when they...

	No risk	Slight risk	Moderate risk	Great risk
17. Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Use chewing tobacco, snuff, or dip?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Use marijuana once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Have one or two alcoholic beverages nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)? .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the other side →

How wrong do you think it is for someone your age to...	Not at all wrong	A little bit wrong	Wrong	Very wrong
24. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have five or more alcoholic beverages once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong do your <u>friends</u> feel it would be for YOU to...	Not at all wrong	A little bit wrong	Wrong	Very wrong
30. Drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have five or more alcoholic beverages once or twice per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Misuse prescription drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Use electronic vaping devices (including e-cigarettes, vape pens, or JUUL)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How sure are you that you could say NO to drugs or alcohol if you really wanted to if...	I am not sure at all that I can say no	I am slightly sure I can say no	I am somewhat sure I can say no	I am mostly sure I can say no	I am completely sure I can say no
36. You are at a party where most people are using it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. A very close friend suggests that you use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. You are home alone and feeling sad or bored?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. You are on school property and someone offers it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. You are hanging out at a friend's house whose parents aren't home?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 6 months...	Yes	No
41. Have you talked with at least one of your parents/caregivers about the dangers of tobacco, alcohol, or drug use?.....	<input type="radio"/>	<input type="radio"/>
42. Have you and either of your parents/caregivers discussed family rules or expectations about using drugs?	<input type="radio"/>	<input type="radio"/>

Please answer the following question at the end of the program only:

43. Did you also take this survey at the beginning of the program?		<input type="radio"/>	<input type="radio"/>
44. What grade are you in? <input type="radio"/> 6th <input type="radio"/> 10th <input type="radio"/> 7th <input type="radio"/> 11th <input type="radio"/> 8th <input type="radio"/> 12th <input type="radio"/> 9th	45. What is your gender? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> I prefer not to say	46. What is your race/ethnicity? (Mark all that apply) <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> Native Hawaiian/ Other Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> American Indian/ Alaska Native	

Thank you for taking part in this survey!