**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 NOT 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 comfortable with your child participating in the survey, you do not need to return this form.****You are, however, advised to keep this letter for your records.**

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|  | No, I DO NOT give my permission for my child to participate in this survey |
|  |  |  |
|  |  |  |
| Child’s Name |  | Parent/Guardian Printed Name |
|  |  |  |
|  |  |  |
| Parent/Guardian Signature |  | Date |

