

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