

USD 377 ATCHISON COUNTY COMMUNITY SCHOOLS COMMUNITIES THAT CARE SURVEY FORM

The 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students will participate in two statewide needs assessment surveys. The Kansas Communities That Care Student Survey is supported by the Kansas Department of Social and Rehabilitation Services/Addiction and Prevention Services, in collaboration with the Southeast Kansas Education Service Center. The Kansas Drunk Driving Prevention Office High School/Middle School Student Survey is sponsored by the Kansas Department of Transportation.

The study results will be used to help plan substance abuse prevention programs in our community. Some important facts about the surveys:

1. **They are anonymous.** Students will not put their names on the survey questionnaires. No one will be able to connect any individual student with his or her responses. School staff will not see any student's responses.
2. **Participation in the surveys is voluntary.** Your son/daughter may decline to participate at any time or skip any question they do not wish to answer.

Questions **cover alcohol, drugs, tobacco, and family and community factors related to substance use and abuse.**

We feel that the surveys are a worthwhile undertaking that will help create better, more effective programming to combat the problem of alcohol and drug use by youth in our community. We hope that you will agree to allow your child to participate in this statewide effort. If you agree, you need to do nothing. However, if for any reason you do not wish your child to participate, please complete and return the attached denial of permission slip to the school counselor by September 1 and your child will be excused from participation.

Thank you in advance for your cooperation.

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Please sign if you **DO NOT** want your son or daughter to participate in the surveys and send to the appropriate school office by September 1.

I **DO NOT** want my child to participate in the survey.

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian