

PARENT NOTIFICATION FORM

Your child's school is participating in the Middle School Youth Risk Behavior Survey (YRBS) conducted by the **Rhode Island Department of Health**. The survey will gather information about the health risk behaviors of **6th through 8th grade students**. The YRBS deals with six risk behavior areas: tobacco use, alcohol and other drug use, weight management, physical activity, injuries, and sexual behavior.

The survey has been approved by state and local school officials and has the support of many national organizations.

Completing this paper and pencil survey poses no risk to your child. Survey procedures have been designed to protect your child's privacy and allow for anonymous participation. No school or student will ever be mentioned by name in a report of the results.

Please see the Fact Sheet for additional information. If you have further questions, you can contact Tara Cooper, YRBS Coordinator, RI Department of Health, at (401) 222-7628.

Thank you for your cooperation.

PARENT PERMISSION FORM

Your child’s school is taking part in the Middle School Youth Risk Behavior Survey (YRBS) conducted by the Rhode Island Department of Health. The survey will gather information about the health risk behaviors of **6th through 8th** grade students. The YRBS deals with six risk behavior areas: weight and nutrition, physical activity, alcohol and other drug use, injuries, sexual behaviors, and tobacco use.

Students will be asked to fill out a survey that takes about 35 minutes to complete.

Completing this paper and pencil survey poses no risk to your child. Survey procedures have been designed to protect your child’s privacy. Students will not put their names on the survey. Also, no class or student will ever be mentioned by name in a report of the results. Your child will get no benefit right away from taking part in the survey. However, the results of this survey will help children in the future by influencing health and safety programs. We would like all selected students to take part in the survey, **but the survey is voluntary**. No action will be taken against you, or your child, if your child does not take part. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty. If you would like to see the survey, a copy is available on the Rhode Island Department of Health’s website: <http://www.health.ri.gov/data/youthriskbehaviorsurvey/>. A copy of the survey will also be available in the main office at your child’s school.

Please read the other side of this form for more facts about the survey. Complete the section below and return it to the school within 3 days only if you do not want your child to take part in the survey. If you have additional questions about the survey, please contact Tara Cooper, YRBS coordinator, RI Department of Health, at (401) 222-7628.

Thank you for your cooperation.

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Please complete this section of the form only if you do not want your child to participate in the survey.

Student’s Name: _____ Grade: _____

School: _____

I have read this form and know what the survey is about.

[] NO, my child DOES NOT have my permission to participate.

Parent’s Signature: _____

Telephone Number: _____ Date: _____

MIDDLE SCHOOL YOUTH RISK BEHAVIOR SURVEY FACT SHEET

Q. How will survey results be used?

A. The Rhode Island Department of Health will use the results from the survey to help determine the extent to which students practice behaviors that place their health at risk, and to develop education programs and other strategies to help reduce these behaviors.

Q. Are sensitive questions asked?

A. Yes. Tobacco, other drug use, injury questions related to weapon carrying and fighting, suicide attempts, and sexual behavior may be considered sensitive issues. Questions are presented in a straightforward and sensitive manner in recognition of this concern.

Q. Will student participation be anonymous? Will student privacy be protected?

A. Yes. Survey administration procedures have been designed to protect student privacy and allow for anonymous participation.

Q. Will certain students be surveyed again to see how their behavior changes?

A. No. Every other year, a new sample of schools and students will be drawn. It will be impossible to track students who participate because no identifying information is ever collected.

Q. How was my child selected?

A. Students were selected randomly to participate statewide. Approximately 2,300 students from 8-10 classes in 25 schools were randomly selected to participate. Entire classes were selected rather than specific students.

Q. How long will it take to fill out the questionnaire?

A. One class period is needed for completing the written questionnaire, which contains 49 multiple-choice questions. There is no physical test or exam involved.

Q. Can I see the questions that will be asked?

A. Yes. A copy of the survey is at <http://www.health.ri.gov/data/youthriskbehaviorsurvey/>. A copy of the survey will also be available in the main office at your child's school.

Q. Does the survey have broad state and national support? Has the survey previously been conducted in RI schools?

A. Yes. The survey has been successfully administered every other year in RI high schools since 1997 and in middle schools since 2007 with continued support of national, state, local organizations and educational leadership.