

PARENT NOTIFICATION FORM

Your child's school is participating in the High 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 **9th through 12th 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.

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 High 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 **9th through 12th 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 school or student will ever be mentioned by name in a report of the results. We would like all selected students to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or your child if your child does not take the survey. Students may skip any questions they do not wish to answer and may stop taking 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:** _____

HIGH SCHOOL YOUTH RISK BEHAVIOR SURVEY FACT SHEET

Q. Why is the survey being done?

A. The Rhode Island Department of Health will use the survey results to help measure the percentage of youth who practice health risk behaviors. The information will be used to create school health programs to help reduce these behaviors.

Q. Are sensitive questions asked?

A. Yes, some questions may be considered sensitive. AIDS, HIV infection and sexually transmitted diseases (STDs) are major health problems. Sexual intercourse and intravenous drug use are behaviors known to increase the risk of getting AIDS. The only way to determine the extent to which adolescents are at risk is to ask questions about these behaviors. Suicide, tobacco use, alcohol other drug use, and weapon carrying also may be considered sensitive issues. Questions are presented in a straightforward and sensitive manner in recognition of these topics.

Q. Will students' names be used or linked to the surveys?

A. No. The survey has been designed to protect your child's privacy. Students do not put their name on the survey.

Q. Do students take the survey more than once to see how their behaviors change?

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

Q. How was my child picked to be in the survey?

A. A class your child is in was selected randomly to participate, and all students in that class are being asked to participate. A total of 3,500 students in grades 9 through 12 in 25 schools were randomly selected to participate.

Q. How long does it take to fill out the survey? Does the survey include a physical test?

A. One class period is needed to fill out the survey, which has 99 questions. The survey does not include a physical test or exam.

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 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.