



Dear Parent:

This semester our school district will participate in an important research survey about student health and risks and protective behaviors. This project has been approved by your school district and <IRB>. This research is commissioned by the <main agency (OHMHAS?)> with support from three state agencies; the Superintendent of Public Instruction (OSPI), the Department of Health (DOH) and the Department of Education (ODE).

As many as <student # estimate> students around the state are expected to fill out the survey. Answers will help policy-makers and researchers improve children’s health programs in Ohio. If we can gather accurate information about our district, it will help us identify problems and develop solutions that fit our community.

The survey is voluntary and will take about 45 minutes to complete in a single class period. No information is collected that can identify individual students and all answers are completely anonymous. Only your child will know how he or she answers the questions. Students may skip any questions they do not wish to answer. We hope that you will permit your child to participate so the results will be the most useful for finding out how health behaviors affect Ohio’s youth.

If you allow your child to participate in the Ohio Healthy Youth Environment Survey, you do not need to sign or return anything. Students not participating will do other schoolwork at their desk during the survey period. For more information about the survey, please visit our website at www.ohyes.ohio.gov or call the Ohio Healthy Youth Environment Survey hotline <contact info>.

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If your child will participate in the Ohio Healthy Youth Environment Survey, you do not need to return this form.

If your child will not participate in the survey, complete this form and have your child return it to the school before October 1st, 2015.

Student’s name: _____ Grade: _____

I have read this form and understand what the Ohio Healthy Youth Survey is about.

No, my child may not take part in this survey.

Parent’s Name (printed): _____

Parent’s signature: _____ Date: ____/____/____

