

STUDENT SURVEY FACT SHEET

What is the Student Survey?

The Coffee County School System and Coffee County Anti-Drug Coalition jointly support this student survey to determine the prevalence of substance use and related behaviors among youth in this community, and the impact of prevention efforts aimed at reducing substance use. The survey will be conducted by trained school administrators during the school day with students in grades 6, 8, 10, and 12.

Does my child have to complete the survey?

No. Participation in the Student Survey is voluntary. Your child will not be penalized in any way if he/she refuses to participate. We are asking your permission for your child to participate in this survey, and we will also give your child the opportunity to decline participation on the day of the survey.

Will anyone know how my child answered the questions?

No. Your child's responses are anonymous. His or her name will not appear on the survey forms, and answers will be summarized when reported, so it will be impossible to identify your child.

What kinds of questions are on the survey?

Examples of questions to be asked in the Student Survey are:

- ◆ Alcohol, tobacco, and drug use: How often (if ever) have you smoked cigarettes in the past month (30 days)? On how many occasions (if any) have you had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey or gin) during the last 30 days? How often (if ever) have you smoked marijuana?
- ◆ Attitudes toward alcohol and drug use: How wrong do you/your friends/your parents think it is for someone your age to drink beer, wine, or hard liquor? How wrong do you/your friends/your parents think it is for someone your age to smoke marijuana?

Because answering questions about personal and sensitive behaviors can be uncomfortable, students are assured that they may skip any questions they do not want to answer. Students are also told if they have personal concerns after completing the survey they should talk to their school counselor.

What benefits are there from my child participating in this research?

Although your child will not directly benefit from completing the survey, his/her answers—along with those of many others—will provide valuable information that may be used to improve prevention programs and strategies for youth in your community and state.

How do I give permission for my child to participate in the survey?

If you give permission and your child agrees to participate in the survey, you do not need to do anything. On the day of the survey, he/she will be provided with a survey at the designated time, unless he/she refuses to participate. If you object to your child's participation, you must complete the Opt-Out Parental Consent form and return it to your child's homeroom teacher at the Middle School or the Counseling Center at Central High School by Friday, November 2, 2018. On the day of the survey, your child will be asked to work on something quietly while others are surveyed.

If you have questions about the survey, please call either the school survey coordinator Tonya Garner at 723-5150, Sarah Hailey at 247-6279 or survey project director, Dr. Bonnie Richard, at 1-502-238-7332. If you have questions about your rights as a participant, please contact Elysia Oudemans, PIRE's Manager of Research Integrity Compliance, by telephone (1-866-747-3674, extension 2757) or email (oudemans@pire.org).

Coffee County School System
PARENTAL OPT-OUT CONSENT FORM

I have read the information about the Student Survey being conducted in my child's school district and have been given information as to whom to contact in order to have all of my questions about the research project answered. I have been informed of the purpose, procedures, risks, benefits, and safeguards related to the survey and the evaluation. Neither I nor my child will suffer any penalty or loss of benefits should I decide that my child will not participate. I understand that my child will also be asked if he/she wants to be included in the Student Survey and that he or she will be included ONLY if we both agree.

If I give permission and my child agrees to participate in the survey, I understand I do not need to do anything.

If I *object* to my child's participation in the survey I understand I must complete this form, sign my name in the space provided and return the form to my child's homeroom teacher at the Middle School or the Counseling Center at Central High School by Friday, November 2, 2018.

 I DO NOT agree to my child participating in this survey.

PARENT (OR GUARDIAN) SIGNATURE: _____

PRINT PARENT (OR GUARDIAN) NAME: _____

PRINT STUDENT'S NAME: _____

STUDENT'S GRADE (circle one): 6 8 10 12

DATE SIGNED: _____

Please return to your child's school by November 2, 2018.