Date

Dear Parents:

Our school is participating in a statewide needs assessment survey. The survey, Arkansas Prevention Needs Assessment Student Survey, is sponsored by the Arkansas Department of Human Services.

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

1. It is anonymous. Students will not put their names on the survey. No one will be able to connect any individual student with his or her responses. School staff will not see any student responses.
2. Participation in the survey 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.

I feel that the survey is a worthwhile undertaking that will help create better, more effective prevention interventions to combat the problem of drug and alcohol use by youth in our community. I hope that you agree to allow your child to participate in this statewide effort. If you agree, you need to do nothing further. However, if for any reason you do not wish your child to participate, please complete and return the denial of permission slip to (Name) by (Date) and your child will be excused from participation.

Thank you in advance for your support toward creating healthier environments for our youth.

Sincerely,

(PRINCIPAL)

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DENIAL of PERMISSION SLIP

I do not want my son/daughter to participate in the Arkansas Prevention Needs Assessment Student Survey.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_