

Dear Parents:

Our school will soon be administering the *Kansas Communities That Care Student Survey**. This survey is taken by 6th, 8th, 10th and 12th grade students statewide. I believe this survey is a valuable tool to help us understand how students behave, think and feel about alcohol, marijuana and other drug use, bullying and school safety. The KCTC survey measures teen substance use, delinquency, and related problem behaviors in schools and communities. The survey gives us insight into the problems students face and shows what we can do to help them succeed. The information is important for planning effective prevention programs in our school and community and provides data to assist in applying for grant funding.

The survey can be viewed at www.kctcdata.org. Click *About, View the KCTC survey*. You may also be interested to know the following:

1. **It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results.
2. **Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please check the appropriate box below. ***All parents must sign and return this form to school by August 23, 2019.*** Thank you in advance for your cooperation.

Sincerely,

Rachel Wentling

PRINCIPAL

Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not** give permission for my child to participate in the *Kansas Communities That Care Student Survey*.

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

*The survey is provided by the Kansas Department for Aging and Disability Services, Behavioral Health Services Commission and administered by Greenbush – The Southeast Kansas Education Service Center, Research and Evaluation Department.