

**Parent Consent Form**  
**Requesting Student Participation in a Youth Survey**

Dear Parent:

We are asking permission for your son or daughter to participate in a survey that will be administered in January, February, March or April of 2003. All students in the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades throughout Colorado are being invited to participate. The State of Colorado is one of twenty-two states currently using the survey.

The purpose of the survey is to gather information needed to plan important prevention and intervention programs to address such problems as alcohol and other drug use, and violence in our schools and communities. Each participating school will receive a report presenting the results of the survey that can be used to examine issues and guide student services.

The survey is entirely anonymous. Students will not put their names or any other identifying information on the survey booklet. All results from the study will be presented only in group summary form, like many opinion polls. There is a copy of the questionnaire in the principal's office, if you wish to review it.

Your child's participation in the survey is completely voluntary. There are no costs or risks to your child in completing the questionnaire. Each child will be given the option of leaving blank any question that he or she prefers not to answer. You may decline to have your child participate, if you wish. If you do decline, your son or daughter will be allowed to read or participate in an alternative activity while the survey is being administered.

The survey is being conducted by the Colorado Department of Human Services' Alcohol and Drug Abuse Division through a contract with OMNI Institute, a Colorado non-profit research firm. If you have any questions regarding the study, you may call OMNI Institute at (303) 839-9422 or 1-800-279-2070.

Please check the box below if you DO NOT want your son or daughter to participate in the study and send the letter back to the school.

I DO NOT want my child to participate in the study.

\_\_\_\_\_  
Parent's Name  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date

\_\_\_\_\_  
Child's Name

PASSIVE CONSENT