

Dear Parent:

During the spring semester our school will be participating in the Arizona Youth Survey, a statewide prevention needs assessment for middle and high school students conducted by the Arizona Criminal Justice Commission on behalf of the State. The survey results will be used to inform existing and future substance use and delinquency prevention programs in our community. Questions in the survey will cover youth substance use, problematic behaviors, and the risk and protective factors related to those behaviors. The survey questions and related survey materials may be viewed at <https://www.azcjc.gov/Programs/Data-Integration-Analytics-Optimization/Statistical-Analysis-Center/Arizona-Youth-Survey> and a paper version of the survey is also available at the Principal's office.

Some important facts about the survey:

1. It is anonymous. Students will be explicitly instructed to not put their names on the survey questionnaire. No one will be able to connect any individual student with his or her responses. School staff will not see any students' responses.
2. Participation in the survey is voluntary. Your child may decline to participate at any time or skip any question they do not wish to answer.
3. The survey will occur during one class period between January 24<sup>th</sup>, 2024 – May 17<sup>th</sup>, 2024. Please consult your child's teacher for the exact date.
4. We believe there to be minimal risk involved in your child taking this survey. Some students may feel anxious, stressed, or embarrassed when asked questions about problematic behaviors, but in the majority of these situations this does not create any risk of serious harm to the youth.

I feel that the survey is a worthwhile undertaking that will help create better, more effective programming to combat the problem of alcohol and drug use by youth in our community. I hope that you will agree to allow your child to participate in this statewide effort.

**Written parental consent must be obtained prior to your child participating in the survey. Please read the attached form and check one box. Return the form to your child's teacher as soon as possible.**

If you have any questions regarding the survey or your child's participation, please contact me or Matt Bileski at the Arizona Criminal Justice Commission, who are responsible for the statewide administration of the survey, at [mbileski@azcjc.gov](mailto:mbileski@azcjc.gov). Thank you in advance for your cooperation.

If you have any questions about your child's rights as a subject/participant in this research, or if you feel your child has been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

Thank you in advance for your cooperation.

Sincerely,

Principal

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# ARIZONA YOUTH SURVEY PERMISSION FORM

My child **MAY** take part in the survey.

My child **MAY NOT** take part in the survey.

**Please print clearly.**

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Child's Signature (optional): \_\_\_\_\_

Date of Signature: \_\_\_\_\_