

Dear Parent:

The Utah State Office of Education; Department of Health; and Department of Human Services, Division of Substance Abuse and Mental Health are conducting the seventh Student Health And Risk Prevention (SHARP) Survey. Your child's class may be selected to participate in this survey. Students whose classes have been selected will be asked to complete **ONE** of the following two questionnaires: the Prevention Needs Assessment (PNA) Survey or the Youth Risk Behavior Survey (YRBS) during **February, March, or April 2021**. The two questionnaires are described below.

Prevention Needs Assessment (PNA) Survey. The PNA survey measures alcohol, tobacco, and drug use; the factors that place students at risk for problem behaviors; the factors that protect students from problem behaviors; and basic demographics. Information gained from the survey will allow your school district and the State of Utah to continue to provide comprehensive prevention programs for our schools and children.

Special Note for Parents of High School Students: At the request of Weber-Morgan Health Department and approval of Weber School District, additional questions related to pornography, sexting, social media use, and human trafficking will be added to high school survey forms only in order to collect data on these issues for Weber-Morgan Health Department and Weber School District prevention, health, and education efforts. Students who have parental consent and who choose to take the survey will be instructed to skip any question they are not comfortable in answering. To see a copy of these questions prior to completing this form, please contact the front office of your child's school. **Please note that 6th and 8th grade students will not be given these questions.**

Youth Risk Behavior Survey (YRBS). The YRBS survey measures alcohol, tobacco, and drug use; antisocial behaviors; health behaviors; school safety; and basic demographics. This survey is only administered to students in grades 9 through 12.

According to Utah law, students' parents must give their permission before the student can participate in the survey. You need to be aware that:

- (1) Your child's participation is completely voluntary and confidential.
- (2) If your child does not participate he or she will not be penalized or lose any school benefits to which he or she is otherwise entitled.
- (3) Your child may discontinue the survey or skip any or all questions on the survey without penalty or loss of any school benefits to which he or she is otherwise entitled.

The surveys are being administered by your school district during one class period and will take about 45 minutes to complete. **All responses will be completely anonymous and confidential.** Results will be reported for groups of students; because the survey is anonymous, responses cannot be linked to any individual student. Additionally, the anonymous survey data may be shared with respected researchers in the United States to aid in prevention planning.

If you have any questions or would like to review copies of the surveys, please ask a school official at your child's school or visit the following web address: <http://www.bach-harrison.com/surveyforms.aspx?index=2>. A copy of each survey is available for your review in the school office, or an electronic copy can be emailed, mailed, or faxed to you (see contact information following). For additional information about the survey, contact SHARP Contacts Ryan Carrier (801-889-8710/ rcarrier@utah.gov) at the Utah Department of Human Services, Division of Substance Abuse and Mental Health or Mary Johnstun (801-842-2682/mary@bach-harrison.com). If you have any concerns or questions about your student's rights as a participant in this survey, you may contact Frank Rees or Bruce Larsen, State Department of Human Services Institutional Review Board Chairpersons, at 801-344-4203/801-864-6359.

For the survey results to be accurate, it is important that all students are given an opportunity to participate in the survey, whether or not they have ever used tobacco, alcohol, or other drugs or engaged in problem behavior. Please indicate whether or not you want your child to participate in the survey and return to the school. Thank you very much for your help on this important project.

PLEASE RETURN THIS FORM TO SCHOOL ONCE YOU HAVE SIGNED IT.

Student's First Name: _____ **Middle Name:** _____ **Last Name:** _____

Please check the box(s) and sign below:

I give permission for my child to complete any ONE of these two surveys: 1) Prevention Needs Assessment (PNA) Survey, or 2) Youth Risk Behavior Survey (YRBS).

I DO NOT give permission for my child to complete the following survey(s) (Check all that apply):

Prevention Needs Assessment (PNA) Survey

Youth Risk Behavior Survey (YRBS)

Parent / Guardian Signature _____

Date: _____