

2015 Alaska Youth Risk Behavior Survey
Sample Parent/Guardian Permission Form

The Dillingham City School District is participating in the Alaska Youth Risk Behavior Survey (YRBS), which is sponsored by the Alaska Department of Health and Social Services and the Alaska Department of Education & Early Development. It will be given next February or March.

The YRBS was developed by the Centers for Disease Control (CDC). It has been approved by local and state school officials and is supported by many community, state and national organizations. The YRBS asks about health/safety risk behaviors of 9th through 12th grade students that are directly related to the leading causes of health and social problems among youth. The multiple choice questions ask about drug or alcohol use, tobacco use, violence and other injury-causing behaviors, sexual behaviors, diet and exercise. The survey results supply important information that cannot be collected in any other way. The results of this survey will be used to help your child and other children in the future.

Survey procedures will protect your student's privacy and allow for anonymous participation. Students will not put their names or any other identifying information on the survey. Students are allowed to skip any questions they do not wish to answer. Reporting procedures also assure that student anonymity is protected.

The 2015 survey questionnaire is under development. The Dillingham City School District will notify parents when it is available for review, which will be at least two months before the survey is given. Questionnaires used in the earlier YRBS surveys and results from past surveys are posted on the Alaska YRBS website at: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>. When it is complete, the 2015 questionnaire will be posted on the www.dlgsd.org website.

We would like all selected students to participate, but it is your decision. Your written consent is required for your child's participation. There will be no actions against you or your child if your child does not participate.

Please read the section below, check the appropriate box and return the form to the school with your school registration packet. If there are questions, contact Bill Schwan at 842-5221. Thank you.

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YES, my student may participate in the survey.

NO, my student may not participate in the survey.

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____