

Dear Guardian:

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 the survey provides data to assist in applying for grant funding.

The survey can be viewed at www.kctcdata.org/families. (Click **View the 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 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 [click here to view your copy of the Guardian Informed Consent](https://kctcdata.org/file/guardian-survey-informed-consent-english-pdf) or visit <https://kctcdata.org/file/guardian-survey-informed-consent-english-pdf>. Please check the appropriate box below. **All guardians must sign and return this form to school by 9/1/2023.** To learn more about which survey questions our school district will administer to students, please contact your school administrator, **Mr Bickford**. Thank you in advance for your cooperation.

Sincerely,

Mr. Joel Bickford

Superintendent

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 Guardian

Printed Guardian Name

Printed Name of Child

Date