

Add your school logo here!



Please read this letter about the youth survey being conducted in our school. This letter contains information about your and your child's rights and why this survey is important.

Please visit [www.ohyes.ohio.gov](http://www.ohyes.ohio.gov) for additional information.

### **Dear Parents/Guardians:**

**What is the purpose of the survey?** Our school district is working very hard to better understand youth health risk and protective behaviors in the community. As part of this effort, we are asking students in grades 7-12 to participate in an anonymous survey called the Ohio Healthy Youth Environments Survey -- OHYES! Only children age 12 or above are eligible to participate. The OHYES! is a tool designed by the Ohio Departments of Education, Health, and Mental Health and Addiction Services and numerous other programs advocating for youth. Our school has decided to use this survey to understand more about our students.

**What is my child being asked to do?** We would like your child to answer questions about:

- personal use of alcohol, tobacco, and other drugs, perception of risks, where accessed
- feelings about their school and community
- family and personal relationships, and demographics
- mental health, suicide and access to care
- health-related behaviors (i.e. sleep, nutrition, and exercise)
- The survey can be viewed at the school's office, or online (<http://ohyes.ohio.gov/Downloads>) – 110 item version

**How long will the survey take?** The survey includes 110 items; it has been tested with other youth and should take about 15-20 minutes.

**Who is doing the survey?** The survey is being done by the XXXX school. The survey was developed by the Ohio Departments of Education, Health, and Mental Health and Addiction Services.

**Does my child have to participate?** No, that is a choice for you and your child. But we really want to hear what your child has to say.

**How do you protect my child's privacy?** The OHYES! will be confidentially administered by trained school staff. Schools have been instructed on how to protect student anonymity and confidentiality. Please review these instructions at <http://ohyes.ohio.gov/Schools/Preparation/Confidentiality>.

**Will participating help or hurt my child?** Many people like sharing their experiences and opinions. Sometimes sharing personal things can be stressful or emotional. The survey instructions state that your child may skip any questions he/she is uncomfortable with or stop the survey at any time; there is a back, next, and quit button on each question screen. There is no penalty for not taking the survey or for stopping.

**Who will know what my child shares?** Your child's privacy will be strictly protected. Students are NOT asked for their name, identification number or date of birth. No one can identify your child's responses. Data is sent directly to the Ohio Department of Mental Health and Addiction Services (OhioMHAS), no data is stored on school computers; the school does not have access to any individual survey data. OhioMHAS will not be able to link answers to individual students or report anything they say to parents, teachers, or administrators. The survey is anonymous, and no student will be identified in the results. Student responses will be combined and reported together. There are also minimum reporting requirements (15 or more respondents).

**How does my family and community benefit?** OHYES! results will help guide communities in creating and improving youth health programs in Ohio. The results will be shared with everyone, including families, faculty and students, and the public. State-level and county-level results will be available to the public at <http://ohyes.ohio.gov/Results>. District and school results will only be available to Superintendents and Principals with secured access.

**Do I have to sign a form for my child to participate?** Federal regulations (45 CFR 46) requires parent or guardian permission for research involving children. To protect you and your child, we require parent notification and provide parents the ability to opt out their child's participation. This method is commonly known as passive consent, and minimizes administrative burden on schools, maintains student confidentiality, and increases response rates. We hope you will give consent for your child to participate. If so, there is no need to do anything. If you do NOT want your child to participate in this survey, please sign the form below and list the name of your child who will NOT participate. A separate form must be filled out for each child.

**Does answering the survey influence students to try unhealthy behaviors?** Absolutely no research supports any connection between completing a health behavior survey and trying an unhealthy behavior. You may be reassured to know that many unhealthy behaviors among young people – including tobacco use, sexual behaviors, and some forms of violence – have declined since 1991. During that same period, youth surveys have increased nationwide.

**Who can I contact if I have questions?** Visit the website at [www.ohyes.ohio.gov](http://www.ohyes.ohio.gov) or email [info@ohyes.ohio.gov](mailto:info@ohyes.ohio.gov). You can also call the OHYES! Team at 1-866-563-6904. (If you want to add a contact at the school, please do so).

Sincerely,

Principal XXX



## PARENT OPT OUT FORM – for youth 12 – 17 years old

Youth under 12 years of age are not eligible to participate  
Parental consent is not required for youth age 18 and above

A separate form must be returned for each child not participating.

Our school is conducting the survey on     [Insert survey dates]    

Please return this form in person to     [Give person(s) and location]    

Or send it by U.S. Mail to     [Give person(s) and address]    

Or email the information below to:     [Give an email address]    

Or call     [Give a name and phone number]    

**By     [enter a date to allow sufficient time for mailed forms]**

Parents, please do not rely on your student to return this form.

*NO, my child may not participate in the OHYES! survey*

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_