



Siuslaw High School

2975 Oak Street, Florence, Oregon 97439

Phone 541-997-3448 - Fax 541-997-4160

Mike Harklerode - Principal

Bev Scott- Assistant Principal Chris Johnson- Athletic Director

Dear SHS Families,

Siuslaw schools are participating in the Student Health Survey (SHS), a survey sponsored by the Oregon Health Authority Public Health Division and the Oregon Department of Education. The survey will gather information about health risk behaviors of students in grades 6, 8 and 11. The survey will be conducted online either in the classroom or remotely and includes questions about:

- Student health and safety
- Student mental and behavioral health
- School climate and culture
- The impact of COVID-19

All student responses are private and anonymous. The results help to narrow the focus of overall youth health and wellness initiatives statewide.

On Monday, December 12th, Siuslaw High School 11th graders will be taking the survey during PRIDE classes. The survey should take less than 30 minutes to complete.

While we encourage all students to participate, the decision to do so is voluntary. If you do not wish your child to take this survey, please complete the form on the back of this letter and return to your students PRIDE teacher. This form is only required if you do not want your student to participate.

If you would like to review the survey before you make a decision about your student's participation, please visit the [following website](#) for additional information about the Student Health Survey.

If you have any specific questions, please contact Principal Harklerode at the school.

Sincerely,

Mike Harklerode

Principal, Siuslaw High School



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Student Health Survey Parental Opt-out Notification

I have read and understand that I need to complete, sign and return this form to my student's PRIDE teacher if I do **not** want my child to take the Student Health Survey.

[] My child does **not** have my permission to participate in this survey.

Student's Name: _____

Grade: _____

Telephone Number: (_____) _____

Date: _____

Signature of Parent or

Guardian: _____

If you do **not** wish your child to take this survey, return this form to the principal's office before the survey date of **Friday, December 9th**.