



SIUSLAW MIDDLE SCHOOL

2525 Oak Street • Florence, OR • Phone (541)997-8241 • Fax (541)902-7478

www.siuslaw.k12.or.us

Andy Marohl, Principal • Ron Frakes, Asst. Principal

Parma Roe • Brittany Anderson • Brandi Bailey – School Counseling Team

Dear SMS 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 Middle School's 6th and 8th graders will be taking the survey during Advisory 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 Marohl at the school.

Sincerely,

Andy Marohl

Principal, Siuslaw Middle School

Student Health Survey Parental Opt-out Notification



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Optional Opt-Out Form

Only fill out if you *do not* want you child to participate
in the Student Health Survey.

I have read and understand that I need to complete, sign, and return this form to the school front office 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.**