2020 Youth Drug Survey Parental Permission Form

Our school is taking part in the 2020 Youth Drug Survey sponsored by Center for Prevention Services and Youth Substance Use Prevention Rowan (YSUP “wise up” Rowan). This survey is conducted to learn about student attitudes and drug use in grades 6, 8, 10, and 12.

This survey asks student to respond to questions about substance use and behaviors. Ultimately, we believe that the risk to students for their participation is minimal. However, it is possible that as some questions are of a sensitive or a personal nature, that they may evoke a strong emotional response from students. To protect students, we have given them the option to stop the study at any time, we have shared that their responses will not be used if they choose not complete the survey, and we will ensure that they are welcome to check in with a designated counselor on site if needed.

We have designed the survey to protect your child’s privacy. Students will not put their names on the survey. In addition, no information will be shared with law enforcement (except when mandated by law/court order) or school personnel to ensure student’s privacy. No school or student will ever be mentioned by name in a report of the results. While there is no immediate benefit from taking part in the survey, the results will help other children and the schools in the future.

We would like all students in the selected classrooms to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or your child, if your child does not participate. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty. Students can change their mind and withdraw from the study anytime before completing the survey. If your child decides to stop the survey before it is complete, their responses will not be used. Once they complete the survey, there will be no way to identify or remove their responses. We anticipate it will take 20-25 minutes to complete.

You may review the survey in advance at https://preventionservices.org/rowan-salisbury-schools-youth-drug-survey/ You are receiving this form two weeks in advance of the survey administration and are welcome to opt your child out of taking this survey within this timeframe by completing the information below and returning it to your child’s teacher.

If you have questions about the survey that your child’s teacher or principal cannot answer, please call Angela Allen, Executive Director, Center for Prevention Services, at 704-375-3784, ext.4654, or email allen@preventionservices.org. Contact the Solutions IRB Institutional Review Board at 855-226-4472 or participants@solutionsirb.com if you have questions about your child’s rights as a study participant.

You need to return this slip to your child’s teacher only if you do not want your child to participate in the survey. Thank you.

☐ My child may not take part in this survey.

Student’s Name: ___________________________________________ Grade: ________

Student SCS ID: ____________________________________________

I have read this form and I understand that, by signing this form, my child will not be permitted to participate in the Youth Drug Survey.

Parent’s Signature: ______________________________________ Date: __________

Protocol Number: 2020/02/1
Approved: 02/20/2020
Expires: 02/18/2021