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 and across Ohio. 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 collaborative effort 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 participate in this important effort.

**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 characteristics
* mental health and access to care
* health-related behaviors (i.e. sleep, nutrition, exercise, and upon district approval, sexual behavior and suicide) RHS has chosen to not participate in the sexual behavior and suicide questions.
* The survey can be viewed at the school's office, or online (<http://ohyes.ohio.gov/Downloads>)

**How long will the survey take?** The survey includes about 100 items; it has been tested with other youth and should take about 15 minutes.

**Who is doing the survey?** The survey is sponsored 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 no penalty for not taking the survey or for stopping. Some schools may decide to give 1 hour of community service credit for participating- your child will know if your school has offered credit. RHS will not be giving community service credit for participation.

**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. And we cannot tell you anything your child says. The survey is confidential and no student will be identified in the results. Student responses will be combined and reported together.

**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. District and school results will be available to Superintendents and Principals with secured access. For more information about results, please visit <http://ohyes.ohio.gov/Results>.

**Do I have to sign a form for my child to participate?** Ohio law requires parents be informed of school surveys and have 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 permit 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.

Sincerely,



Jocelyn Cosgrave, Ed.D.

Principal

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**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 Wednesday, February 24, 2016**

**Please return this form in person to the Encore Office.**

**Or you may send it by U.S. Mail to 8579 Summit Rd. Reynoldsburg, OH 43068.**

**Or email the information below to: Jackie.larsen@reyn.org or alexandria.nicolay@reyn.org**

**Or call Jackie Larsen 501-2319 or Alexandria Nicolay 501-2293**

**By Friday February 19, 2016**

**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: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_