Illinois Youth Survey 2012
Parent Notification Letter

Your child's school district is working with Center for Prevention Research and Development at the University of Illinois to conduct a statewide survey of Illinois middle and high school students. The purpose of the Illinois Youth Survey is to better understand Illinois youth risk and protective behaviors as they related to student problems and academic success.

If your child participates, he/she will be asked to complete a survey (with no names or identification numbers) that will be confidentially administered by a classroom teacher. The survey is completely voluntary and privacy will be strictly protected. Students will be given a paper and pencil survey in a regular classroom and it will last about between 45-50 minutes. If there are any questions your child does not wish to answer, he/she is free to skip questions and they may stop taking survey at any time they choose. Students are not required to participate in the survey.

This questionnaire asks about:

- personal use of alcohol and other drugs, perception of risks, where accessed, consequences of use, approval or disapproval of use
- students' feelings about their school experience
- family and personal characteristics
- family communication about substance use
- feeling about self and moods
- student health behaviors – food intake, exercise, height and weight

While the survey asks personal questions about illegal behavior, several steps are taken to protect privacy of students participating in the survey. Students can skip any or all questions if they feel uncomfortable, survey administrators will make efforts to insure privacy during the survey completion process. Collecting information from Illinois students has many benefits to youth in your community and throughout the state. Information on students in your school is provided back to your school to help determine what programs may be needed to keep students safe and healthy. If you wish to look over the survey questionnaire, it is available for review in your child's school office. Obtaining full participation is very important to the ability of your child's school and community to continue to improve the programs and strategies to prevent youth problem behaviors and enhance youth development. Thus we would greatly appreciate you allowing your child to participate. If you DO NOT want your child to participate in the survey, please complete the bottom of this form, sign it, and return it to the school by Friday, April 6, 2012. Your decision to deny permission will not in any way influence your future relationship with your child's school.

If you have any questions about the survey, please contact the school office. If you have any questions regarding the project and wish to contact a staff person at the University of Illinois, please contact Peter Mulhall at (888) 333-5612 (Illinois toll free) or email him at mulhall@illinois.edu . If you have any questions about your son or daughter's rights as a participant in this study, please contact the University of Illinois Institutional Review Board at 217-333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

Thank you for your prompt attention to this request.

ILLINOIS YOUTH SURVEY PARENT PERMISSION DENIAL FORM

If you are not willing to allow your child to complete the survey, please return this form with your signature to the school office by Friday, April 6, 2012.

_____ I do not want my child to participate in the Illinois Youth Survey.

Parent/Guardian Signature:_____

Student's Name: _____