

This form only needs to be returned if you do NOT want your child to participate.

MARYLAND YOUTH TOBACCO & RISK BEHAVIOR SURVEY

PARENTAL “OPT OUT” FORM

Our school is taking part in the Maryland Youth Tobacco and Risk Behavior Survey (YTRBS), conducted by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior. The survey takes one class period (45 minutes) to complete.

The survey has been designed to protect your child’s privacy. The survey is anonymous so **students will not put their names on the survey**. Also, no school or student will ever be mentioned by name in a report of the results. Although your child may not benefit immediately from taking part in the survey, all children will ultimately benefit from the information collected that will guide the development and implementation of State and local programs designed to increase their health.

We would like all selected students to take part in the survey. However, the survey is voluntary. Doing this paper and pencil survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. **If your child is not comfortable answering a question, he or she may skip it.** No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty. A copy of the questionnaire is available for your review at the school and on the health department website listed below.

A review board has approved the survey. If you have any questions about your child’s rights as a participant in this survey, or if you feel your child will be harmed in any way by taking part, please call toll-free 1-877-878-3935, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey or to view the survey questions, please visit <http://phpa.dhmh.maryland.gov/ohpetup/Pages/YTRBS-Secondary.aspx>.

If you do **not** want your child to take part in the survey, (1) check the box below, (2) sign the form and date it, and (3) return it to the school within 3 days. Please see the other side of this form for more facts about the survey. If your child’s teacher or principal cannot answer your questions about the survey, contact Brenda Clark, toll-free at 1-877-878-3935. Thank you.

Note: If you do not want your child to participate in this survey, please complete this form and return to your child’s school. You do not need to return this form if you would like for your child to participate.

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Child’s name (please print) _____ Grade _____

I have read this form and do not grant permission for my child to participate in this survey.

No - My child may **not** take part in this survey.

Parent’s signature _____ Date _____

Survey Fact Sheet

Q. Why is the *Maryland Youth Tobacco and Risk Behavior Survey* conducted?

A. The Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education will use the results from the *Maryland Youth Tobacco and Risk Behavior Survey* to (1) monitor how priority health-risk behaviors among middle and high school students increase, decrease, or remain the same over time; (2) evaluate the impact of broad state and local efforts to prevent health-risk behaviors; and (3) improve school health education policies and programs.

Q. Are sensitive questions asked?

A. Some questions may be considered sensitive by some districts, schools, or parents. Questions are presented in a straightforward and sensitive manner. Topic areas covered include use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior.

Q. Will student names be used or linked to the surveys?

A. No. The survey is designed to protect your child's privacy. The survey is administered by specially trained field staff. Students do not put their name on the survey. When students finish the survey, they place the completed survey in a large box or envelope.

Q. Are students tracked over time to see how their behavior changes?

A. No. Students who participated cannot be tracked because no identifying information is collected.

Q. How was my child picked to be in the survey?

A. Statewide, approximately 85,000 students from 362 schools were picked to take part. Participating classes were picked randomly at each school.

Q. How long does it take to fill out the questionnaire? Does the survey include a physical test?

A. One 45-minute class period is needed to fill out the questionnaire. The survey does not include a physical test or exam.