

**CALIFORNIA HEALTHY KIDS SURVEY NOTIFICATION AND WITHDRAWAL FORM
2017 - 18 SCHOOL YEAR**

Dear Parent or Guardian,

Students in **grades 7, 9, and 11** will be asked in October 2017 to participate in the California Healthy Kids Survey sponsored by the California Department of Education. This is a very important survey that will help IUSD and the state promote better health among our youth and combat problems such as drug abuse and violence. If you have a student in grade 7, 9, or 11, please read this form for information about the survey, and for instructions on how to follow up if you want to withdraw your child. *If you do not want your child to complete the survey, you must complete this form.*

Survey Content. The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning; school safety; and health-related concerns such as physical activity and nutritional habits; alcohol, tobacco and other drug use; and risk of depression and suicide and perceived sexual orientation. You may examine the questionnaire at [the IUSD Health and Wellness page](#).

It is Voluntary. Your child does not have to take the survey. Students who participate only have to answer the questions they want to answer and they may stop taking it at any time.

It is Anonymous. No names will be recorded or attached to the survey forms or data. The results will be made available only under strict confidentiality controls.

Administration. The survey will be administered in October 2017. It could take about 50 minutes and will be administered in selected classrooms.

Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in ten years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

For Further Information. The survey was developed by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call the district at 949-936-7530.

IF YOU GIVE PERMISSION FOR YOUR STUDENT TO TAKE THE HEALTHY KIDS SURVEY, DO NOT RETURN THIS FORM. Do Nothing.

IF YOU DO NOT WANT YOUR STUDENT TO TAKE THE HEALTHY KIDS SURVEY, COMPLETE AND RETURN THIS FORM BY October 20th, 2017.

CHKS Withdrawal Form ONLY

By returning this form, I *do not give permission* for my child to be in the Healthy Kids Survey.

(Please print clearly)

My student's name is: _____

School: _____

Grade: _____

Parent/Guardian Signature: _____

Date: _____