

Sample Letter to Families and Opt Out Form

Dear **School District Families**,

In order to better understand and support the health-related challenges affecting youth, **School District with the support of any supporting organizations** is taking part in the 2025 Middle School Youth Risk Behavior Survey (YRBS). The survey is based largely on a national survey that was developed by the Centers for Disease Control and Prevention (CDC). The survey will ask about the health behaviors of middle school students. Specifically, the survey will ask questions about screen time and sleep, stress, and mental wellness, online and in person bullying, and tobacco, alcohol, and other drug perception of risk and use.

Students will complete the online survey, which takes around 45 minutes, **the week of DATE.**

Completing the 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. The survey has been designed to protect your child's privacy. Students will not put their names on the survey and there are strict confidentiality guidelines that are followed by the staff that administers the survey.

For the survey results to be accurate, it is important that all students, regardless of whether they have engaged in health-risk behaviors, are given an opportunity to participate in the survey. The survey is voluntary, however. No action will be taken against the school, you, or your child if your child does not take the survey. Students may skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point without penalty. If you would like to see the survey, a copy is available **on the school district website**. If you have additional questions about the survey, please contact ***insert name of person to contact***

Aggregate results for the school district will be provided to the school district by the late spring of 2025 and will be used to inform programming to improve the health and overall well-being of children and youth in the **School District.**

Please complete the attached form only if you **do not** want your child to take part in the survey, and return the form to **[insert name/directions]** no later than **[insert date]**. Please contact ***insert name of person*** with any questions at: ***insert email address and phone number***

RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD TO TAKE THE SURVEY

Please complete the section below and check the box if you do not want your child to take part in the 2025 Middle School Youth Risk Behavior Survey (YRBS).

Then, sign this form and return it to the school by **[insert date]**.

Please contact **[insert name and contact info]** if you have any questions.

Student's name: _____

Grade (please circle): 6 7 8

I have read this form and know what the survey is about.

NO, my child may not take part in this survey.

Parent/Guardian signature: _____

Date: _____ Phone number: _____