



Georgia Student Health Survey Parent Information

In order to provide the most effective drug and violence prevention resources and/or activities for your child, the Georgia Department of Education's Safe and Drug-Free Schools and Communities Program collects survey information from middle and high school students throughout the state during the school year. The survey takes less than 20 minutes to complete. It is totally anonymous and voluntary; students have the right to "opt out." The responses pertain to student involvement in substance abuse, violent situations, school climate, and nutrition. The data collected will be used to identify critical areas of need for our Safe and Drug-Free Schools efforts as well as the school system's Safe Schools/Health Students initiative. Survey analysis of these data provides information/data that:

- Meets the No Child Left Behind Title IV mandated data collection requirements;
- Assists in the maintenance of a school environment that is free of drugs and violence;
- Promotes a classroom atmosphere that allows teachers to teach and students to learn; and
- Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences.

Our desire is to involve parents in the education of their children. If you **do not** wish for your child to participate in this important activity, please sign and return this form to the school by **August 19, 2011**. If your child may participate in this survey, no further action is required. A copy of the survey is available on-line at the Georgia Department of Education website, www.doe.k12.ga.us. If you do not have Internet access, please call Student Support Services at 770-761-1451, and we will send you a copy.

Opt-Out Form

Please DO NOT return this form if your child CAN participate in this survey.

Please sign this form, and return it to school by **August 19, 2011**, only if you **do not** wish your child to participate in the Georgia Student Health Survey.

I would prefer that my child NOT participate in the *Georgia Student Health Survey*.

Student Name _____

School _____ Student Grade _____

Parent Signature _____ Date _____

Thank you for your participation.