

# WDE SAMHSA Project Aware Grant

## Active Consent Form

Dear Parent/Legally Authorized Adult:

Between \_\_\_\_\_ and \_\_\_\_\_, your child/children will be invited to join their 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, or 11<sup>th</sup> grade classmates in completing the Student Behavioral Health Survey. **Participation in the survey is anonymous and strictly voluntary, and no student is required to fill out the survey.** The survey will take approximately 20 minutes to complete.

**Purpose of the Survey:** In 2020, the Wyoming Department of Education received a Project AWARE grant. The purpose of this grant is to build and expand the capacity of Wyoming to: (1) increase access to mental health and substance abuse services for school-aged youth; (2) increase each district's student, parent, and family knowledge of mental health and substance abuse services available, develop student skills that will promote resilience, pro-social behaviors, and prevent youth violence through outreach, engagement, and training; (3) increase each district's capacity to recognize and appropriately respond to mental health and substance abuse needs of students through professional development and training; and (4) develop state and district-level infrastructure to foster wellness in school-aged youth and their families. To facilitate data sharing, your district has agreed to partner with the state on this grant, which includes the administration of the Student Behavioral Health Survey.

The purpose of the survey is to collect information about youth in your district so we can better understand their experiences, opinions, and knowledge in three areas: (1) School and Community Experiences, (2) Attitudes about Substance-Related Issues, and (3) Knowledge of Mental Health Issues. The information collected will help the district plan and implement strategies for strengthening students' school and community experiences and educating youth about mental health and alcohol/drug related issues.

The Wyoming Department of Education and your school district want to ensure that the survey is voluntary and has parent approval. For \_\_\_\_\_ grade students, this includes collecting your active consent. This consent procedure has three parts:

1. An Information Summary to give you the basic information about the survey. (Included)
2. An opportunity to read the survey questions at your child's school before your child/children volunteer to answer the questions (available on the WDE website in English and Spanish: <https://edu.wyoming.gov/for-parents-students/project-aware/>).
3. A form for you to sign and return indicating whether you'd like your child/children to participate in such a survey. (Included)

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### Part 1. The Information Summary

#### *Parental Rights:*

- You have the right and the responsibility to be informed about that which your child volunteers to participate in at school.
- You have the right to receive accurate information about the Student Behavioral Health Survey in order for you to make good decisions for your family.

#### *Student Behavioral Health Survey Content:*

The Student Behavioral Health Survey asks questions about each child's experiences, opinions, and knowledge in three areas: (1) School and Community Experiences, (2) Attitudes about Substance-Related Issues, and (3) Knowledge of Mental Health Issues. It is important to remember that our school children do not live in identical environments. All children and families do not have the same beliefs, attitudes, or values. Your child/children may make very different life choices than other children. If we are going to plan programming that keeps all children safe and connected to their families, schools, and communities, we need to know what all children are thinking, saying, and doing.

#### *Confidentiality:*

All information collected will be anonymous. Students will not put names, birthdates, or any other information to identify them on the survey. Information from groups of students (e.g., 5<sup>th</sup> grade students) will be added together and reported by school building and by school district. To further protect student confidentiality no data will be reported if a group contains fewer than 10 students. Written responses will be summarized and direct quotes will sometimes be used as examples. Quotes will be presented anonymously.

#### *Compensation:*

There will be no compensation or reward for students participating in the survey.

#### *Voluntary:*

- All students in 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades will be invited to complete the survey and will have the right to refuse to answer any questions on the survey. If students decide they want to change their mind and quit answering the survey, during the survey, they may do so.
- We are asking each parent or legally authorized representative to indicate whether they'd like their child to participate. Please return the *Parental Consent* form provided at the end of this letter (Part 3). There is no penalty for anyone who decides not to participate. If you respond that you **do not** want your child/children to participate, they will be provided a neutral activity during the survey class period.

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### *Risk:*

There is no direct risk involved in filling out the survey. Students may find some questions uncomfortable to answer. They may skip any question they do not wish to answer or stop completing the survey entirely at any point.

### *Benefits:*

There will be no direct benefits to the students the day of the survey. The data collected throughout the district will provide schools and communities with the information they need to provide programs that will support schools, communities, and families in keeping their children healthy and supported.

### *Questions:*

Questions regarding the Student Behavioral Health Survey are encouraged. Please contact Dustin Brown, Wyoming Department of Education 307-631-5377; email [dustin.brown1@wyo.gov](mailto:dustin.brown1@wyo.gov).

## Part 2: Reviewing the Survey

A copy of the Student Behavioral Health Survey will be available on the Wyoming Department of Education [AWARE website](#). Please contact \_\_\_\_\_ if you have questions about the survey.

## Part 3: Parental Consent

I have read the Information Summary provided. I understand that my child/children's participation in the survey is strictly *voluntary*. I also understand my right to review the survey on the Wyoming Department of Education [AWARE website](#) or by contacting \_\_\_\_\_. I understand that there is no penalty for not participating and that if I do not provide consent, a neutral activity will be provided for my child/children during the survey time.

I understand that I am expected to return this form to the school no later than \_\_\_\_\_.

\_\_\_\_\_ I **do** want my child/children listed below to participate in the Student Behavioral Health Survey.

\_\_\_\_\_ I **do not** want my child/children listed below to participate in the Student Behavioral Health Survey.

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Names of your child/children:

\_\_\_\_\_   
Child Name

\_\_\_\_\_   
Child Name

\_\_\_\_\_   
Child Name

\_\_\_\_\_   
Child Name

\_\_\_\_\_   
Child Name

\_\_\_\_\_   
Child Name

\_\_\_\_\_   
Parent Signature

\_\_\_\_\_   
Date

Please return this form to \_\_\_\_\_.