Jan 30, 2024

Dear Parent or Guardian,

In early 2024, Indiana students in grades 6--12 are scheduled to participate in the statewide survey of alcohol, tobacco, and other drug use (the *Indiana Youth Survey*). Brown County Middle and High School will administer the survey sometime during the months of February-March. The survey is conducted by Prevention Insights, School of Public Health, Indiana University-Bloomington. Information regarding the survey (i.e., sample questionnaires, reports, etc.) can be viewed at<https://www.inys.indiana.edu/about-survey>. We will be using the standard 6th and 7-12th grade questionnaires with the optional Mental Health Module added to both

The purpose of the survey is to have accurate knowledge of alcohol, tobacco, and drug usage as well as the presence of risk and protective factors for youth in our community. The information will be comparable to both state and national data. The school system will get a report that indicates the prevalence of drug, alcohol, and tobacco use. The outcomes of the survey assist us in planning curricula and programs to prevent alcohol, tobacco, and drug use. Communities also use reports to create proposals for grant funds intended for prevention and wellness efforts.

The survey takes about 35 minutes to complete and is **voluntary, confidential, and anonymous**. No one will know who responded to the online survey. No names, personal identifiers or IP addresses will be recorded as part of the survey. The reports are aggregated by grade levels.

We hope you will allow your child to participate and that your child will choose to complete the survey. Please check the appropriate box below. We ask that you sign and return this form to school by February 21, 2024. Please feel free to contact me if you have any questions at (812) 988-6601 or [etracy@browncountyschools.com](mailto:etracy@browncountyschools.com). Thank you in advance for your cooperation.

Sincerely,

Emily Tracy,

Superintendent, Brown County Schools

------------------------------------------------------------------------------------------------------------------------------------------

Please check one:

* **Yes, I give permission** for my child to participate in the *Indiana Youth Survey*.
* **No, I do not** give permission for my child to participate in the *Indiana Youth Survey*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Printed Parent/Guardian Name Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Child Printed Name of Additional Child Printed Name of Additional Child