



Hayward Community School District

15930 W. 5th St, Hayward WI 54843

PASSIVE PARENTAL PERMISSION FORM

Hayward Middle School (8th grade) and Hayward High School are again this year taking part in the **Wisconsin Youth Risk Behavior Survey** sponsored by the Hayward Community School District and Sawyer County Public Health Department. The survey will be administered to grades 8, 9, 10 & 12 by April 5th, 2019 by school staff. The survey includes questions about risky health behaviors that may result in unintentional and intentional injuries like tobacco use, and alcohol and other drug use to name a few. It also asks questions about school safety and student mental health. The computer-based survey is anonymous and generally takes about 25-30 minutes to complete.

Completing this anonymous survey will cause little or no risk to your child, although some students might find certain questions to be sensitive. Please know that the survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no class or student will ever be mentioned by name in a report of the results. We will use the results of this survey to inform school and county health and safety programs and grant opportunities. We would like all selected students to take part in the survey, **but the survey is voluntary**. No action will be taken against you, or your child, if your child does not take part in the survey. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

You are welcome to call or email Kelly Ryder, Director of Curriculum and Programs, at 715-638-9031 or kryder@hayward.k12.wi.us with any questions or to obtain a copy of the survey questions for review. The survey questions can also be viewed in either the Middle School or High School website under parent resources.

If you do not want your child to take part in the survey, check the box, sign and date the form and return the form to the school before April 2nd, 2019 or respond by email to Kelly Ryder indicating your decision to opt out your child from participating in the survey.

No response will indicate you are allowing your child to participate in the survey.

Thank you for your partnership with improving the health and well being of the students of Hayward Community Schools.

Child's name: _____ Grade: _____

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

[] My child **may not** take part in this survey.

Parent's signature: _____ Date: _____

Phone number: _____



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