Pennsylvania Youth Survey Dear Parent Passive Parental Permission Form

Dear Parent or Guardian:

Our school is taking part in the 2015 Pennsylvania Youth Survey sponsored by the Pennsylvania Commission on Crime and Delinquency. The survey will ask questions about the behaviors of school students in the 6th, 8th, 10th and 12th grades, including questions about violence, weapons usage, depression, bullying and substance abuse. You can view the entire survey at your school's front office. For more information about the survey, including a list of Frequently Asked Questions, please visit www.pays.state.pa.us then click on "2015". This survey will take about 45 minutes to complete.

Participation in this survey is *completely voluntary* and will cause little or no risk to any student. The only potential risk is that some students might find certain questions to be sensitive; they will be instructed by their teacher that they can skip any questions they do not understand or choose not to answer. The survey has also been designed to protect each student's privacy. Students will not put their names on the survey. Also, no student will ever have their individual responses reported. The results of this survey will be used by your school for future prevention planning. We would like all students to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or any student if the student chooses not to participate.

Please read the section below. If you do **NOT** want your student to take part in the survey, check the box and return the form to the school no later than [insert date]. If the student's teacher or principal cannot answer your questions about the survey, please call [insert name of state or local agency contact] at [insert phone number]. Thank you.

Student Name: Grade:

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

The Student MAY NOT participate in the survey.

Parent Signature: Date:

Phone Number:_____