Sample Passive Consent Letter

Dear Parent:

Our school district will be participating in the 2009 Ottawa County Youth Assessment Survey* on [date]. The purpose of the survey is to collect county-wide data about the attitudes, health needs and risk behaviors of Ottawa County youth. Consistent, reliable and comparable data enables area agencies and school districts to identify priority youth risk areas and to design, implement and evaluate programs targeting those areas.

The survey is anonymous and voluntary. There will be no identifying information on the form. Your child’s grade does not depend on answering the questions. Your child does not have to fill out any part of the questionnaire that makes him or her feel uncomfortable or that you think your child should not answer. Your student will benefit from this survey to the extent that we can identify those programs that have the greatest chance of preventing or reducing risk factors in the community.

If for any reason you do not wish your son or daughter to participate in the survey, please sign this form and return it by [date].

________________________________________
Student’s Name (please print)

________________________________________
Parent signature

Date: _______________

*The assessment is a collaborative effort of the Ottawa Area Intermediate School District (OAISD), Ottawa County Health Department (OCHD), Pathways, MI, Lakeshore Coordinating Council (LCC), and the Greater Ottawa County United Way (GOCUW).
Sample Active Consent Letter

Dear Parent:

Our school district will be participating in the Ottawa County Youth Assessment Survey on [insert date]. The purpose of the survey is to collect county-wide data about the attitudes, health needs and risk behaviors of Ottawa County youth. Consistent, reliable and comparable data enables area agencies and school districts to identify priority youth risk areas and to design, implement and evaluate programs targeting those areas.

The survey is anonymous and voluntary. There will be no identifying information on the form. Your child’s grade does not depend on answering the questions. Your child does not have to fill out any part of the questionnaire that makes him or her feel uncomfortable or that you think your child should not answer. Your student will benefit from this survey to the extent that we can identify those programs that have the greatest chance of preventing or reducing risk factors in the community.

I have read and understand the above explanation of the student survey. I hereby give my permission for my child to participate. (Please sign and return by [insert date]).

___________________________
Student’s Name (please print)

___________________________ Date: _____________
Parent signature

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