



## **SCHOOL OFFICE INFORMATION and STUDENT OPT OUT LIST**

### **Health Youth Survey 2020**

This document is provided for school office staff to help answer questions from parents and students about the Healthy Youth Survey.

To help ensure that participation in the survey is voluntary, use the Student Opt Out List on the back of this document to list the names of students who will NOT take the survey due to parental or student request.

Please take a few minutes to familiarize yourself with the Parent and Student Information Letter about the Healthy Youth Survey. The letter will be distributed to all parents and students in grades 6, 8, 10 and 12 at your school (and in grades 7, 9 and 11 in small school districts). Make a few extra copies of the Letter for parents or students who come to the office to get more information about the survey or for those who may have misplaced the copy of the Letter that was sent to them.

We are requesting your help to ensure that student participation in the survey is completely voluntary. Use the Student Opt Out List to record the following information:

- **Write the name and grade of any student whose parent contacts the office staff or the principal to ask that their student not participate in the survey.**
- **Write the name and grade of any students who contacts the office staff or the principal to ask not to participate.**
- **Provide the list of these student names to your school's Survey Coordinator the morning of the survey. The Coordinator will notify the students' teachers that the student should not take the survey and should be directed to the alternative activity planned by the school.**

The survey coordinator will also give you copies of the survey questions to keep in the school's main office for parents who wish to review it (students should not be allowed to review the survey). If you do not receive copies of the survey questions, please contact your school's Survey Coordinator.

**Your school's Survey Coordinator is \_\_\_\_\_**

If parents or students have any questions about the survey, please encourage them to contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for your help!**

# STUDENT OPT OUT LIST

*For students not taking the Healthy Youth Survey  
due to parental or student request.*

**Student name, grade, and any additional information:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_

*Make additional copies of this page if needed.*