



LOMPOC UNIFIED SCHOOL DISTRICT

Special Education
Post Office Box 8000
Lompoc, California 93438
(805) 742-3301

**CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY
2008-2009 School Year**

Dear Parent or Guardian,

Your child is being asked to be a part of our school's Healthy Kids Survey sponsored by the California Department of Education. This is a very important survey that will help promote better health among our youth and combat problems such as drug abuse and violence. *Your child does not have to take the survey. Participation is voluntary and requires your permission.*

Survey Content. The survey gathers information on behaviors such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; and environmental and individual strengths and assets. You may examine the questionnaire in the school office or at your district's website www.lusd.org.

It is Voluntary. Students who agree to participate with your permission only have to answer the questions they want to answer and they may stop taking it at any time.

It is Anonymous. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

Administration. The survey will be administered November 16th through 19th. It will take about one class period to complete (about 50 minutes) and will be administered in your child's regular 5th grade class.

Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in seven years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

For Further Information. The survey was developed by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call the district at (805)742-3284.

CHKS Parent Consent Form

Please check below whether you grant permission, sign, and return this form to the teacher who distributed it within three days:

I **give permission** for my child to be in the Healthy Kids Survey.

I **do not give permission** for my child to be in the Healthy Kids Survey.

Signature: _____ Date: _____

My child's name is: _____

(Please Print)

THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT!!!

