

Town of Enfield High School Alcohol and Drug Student Survey

DATE: November 13, 2017

Dear Parent or Guardian,

Your child is being asked to be a part of **JFK Middle School Student Survey**. This survey will be administered to all students in grades **6 - 8** on **November 20th and 21st 2017**.

Please read this form for information about the survey. If you **do not** want your child to take this survey, you may fill out the withdrawal of consent form at the bottom of the page and return to the appropriate house office by **Friday November 17th, 2017**.

Survey Content:

This survey will give the town of **Enfield**:

- ⇒ information on students' tobacco, alcohol, and drug use, and gambling behavior
- ⇒ information on how bullying and harassment is experienced and dealt with at school
- ⇒ knowledge of protective factors, such as student participation in extracurricular activities and feelings of teacher-faculty support
- ⇒ perception on the risks involved with drug and alcohol use

With this information, we will be able to assess the problems that exist in the town and know what direction to take in the future for effective prevention.

Survey is Anonymous:

The surveys are completely anonymous. No names will be recorded or attached to the survey.

Survey is Voluntary:

Students are instructed when the survey is administered that their participation in the survey is entirely voluntary. Students **not taking the survey** will remain in the classroom and study quietly during time of administration. Students' grades **will not** be affected by their participation or nonparticipation.

For further information regarding the survey, please call Colleen Sullivan, Prevention Coordinator at 860-253-5046 or email csullivan@enfield.org.

A copy of the student survey will be made available for parents to review at the school office from now until November 21st, 2017.



Withdrawal of Consent

By signing and returning this form, I **do not** give permission for my child to participate in the student survey.

(Please Print) Child's Name: _____ Grade: _____

(Please Print) Parent/Guardian Name: _____ HR: _____

Signature of Parent/Guardian: _____ Date: _____

Please return this form to the school office ONLY if you do not wish for your child to participate in the Enfield Alcohol and Drug Student Survey.