

**Parental Notification Form**  
**2019 Virginia Middle School Youth Survey**

Our school is taking part in the 2019 Virginia Youth Survey. This survey is sponsored by the Virginia Department of Health and the Virginia Foundation for Healthy Youth with the support of the Virginia Department of Education. The survey takes about 40 minutes for the students to complete and will ask questions about the health behaviors of 6th through 8th grade students in areas related to physical activity, nutrition, injuries, tobacco, alcohol, and other drug use.

The survey is voluntary; however, we would like all selected students to take part in it. No action will be taken against the school, you, or your child if your child does not take part. It has been designed to protect your child's privacy; therefore, students will not put their names on it. Students can skip any questions they do not wish to answer and may stop participating in the survey at any point without penalty. In addition, no school or student will ever be mentioned by name in a report of the survey results.

Please read the section below and check the box **only if you do NOT** want your child to take part in the survey. If you check the box "no" below, sign this form and return it to the school office within 3 days. A copy of the survey is available online at <http://www.vdh.virginia.gov/virginia-youth-survey/questionnaires-and-documentation/>. If you have any additional questions, you may contact the Virginia Youth Survey Staff at 804-864-7863 or 804-864-7649. Thank you.

---

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and understand the survey is assessing physical activity, nutrition, injuries, tobacco, alcohol and other drug use.

[ ] NO, my child may not take part in this survey.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Nota:** Vea el reverso para la versión en español