

February 22, 2021

Dear Parent or Guardian,

Your school is participating in the Resilient Youth Initiative (RYI), which provides evidence-based programs to prevent student drug and alcohol use and improve academic, social, and emotional outcomes. The program is funded by North Central Health Services (NCHS). NCHS has asked RTI International (a nonprofit research organization in Durham, North Carolina) to evaluate how well the program is working.

This letter tells you about the evaluation and allows you to decline your child's participation, if you prefer.

About the Evaluation

All students in grades 2 - 12 at *RYI* schools are invited to take part in the evaluation. Your child may or may not be participating in an *RYI* program, and this participation may change during the evaluation.

If your child agrees to take part in this evaluation, they will be asked to complete a survey on March 3, 2021 and again in the spring of 2022.

- The survey asks about things like social and emotional skills, feelings about school, relationships with others, emotional and social well-being, and substance use attitudes and behaviors. (Substance use will only be asked of children in middle and high school.)
- You may review the survey in Dr. Davis' office at any time.
- The surveys will take place at school, during the school day.
- If your child moves to another school, RTI may ask them to complete surveys at their new school.

Your child's involvement will help NCHS understand which students are being reached by the *RYI* program and how the program is affecting students. The results of the evaluation will help NCHS make its programs more effective.

About the Survey

We will take steps to protect your child's privacy during the survey. It is possible that some of the survey questions may make your child feel uncomfortable.

Your child will complete the surveys via RTI's protected survey website and school staff will not have access to their answers. All students will wear headphones so that no one can hear the questions that they are answering. We will **not** ask them to say their answers out loud.

We will tell students to talk to a trusted adult if they want to discuss their feelings and experiences after taking the surveys. We will also provide a list of hotline numbers they can call.

About the Data

Information collected will be used only for evaluation purposes by RTI staff. Information that could be linked to your child will never be shared. When RTI reports the results of this evaluation, your child's name will not be used, and their information will be combined with information from other students. Electronic data will be stored on password-protected servers at RTI. Answers are stored without any identifying information and cannot be traced back to a student. Access to all survey data will be restricted to RTI staff. RTI will destroy your child's personal information when the evaluation is over.

Questions

If you have any questions or concerns about the evaluation, or to remove your child at any time, please contact the Project Director at RTI, Dr. Cheryl Roberts, toll-free at 800-334-8571 ext. 27251, or at chroberts@rti.org. For questions about the RYI curriculum, please contact Melanie Davis, Director of Student Services, (765) 471-8362, mdavis@lcss.org.

About Participating

Even if you allow your child to participate, they can still choose not to participate or to skip any questions in the surveys. If your child does not participate in the surveys, they will continue to receive the RYI lessons (if applicable). Their grades or anything else at school will not be affected.

If you are okay with your child participating in this evaluation, you do not need to take any further action.

If you would like to remove your child from the evaluation, please complete the information below and check the box to opt out. A parent/guardian must sign and return this form **by Tuesday, March 2nd** to prevent your child from being included in the evaluation.

I DO NOT GIVE PERMISSION for my child to take part in the *Resilient Youth Initiative* evaluation.

[PLEASE PRINT] Child's name: _____

Child's school: _____ Grade: _____

Child's Date of Birth: _____

[PLEASE PRINT] Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____