

Parental Opt-Out Form

Dear Parent or Guardian:

Our school is taking part in the 2023-2024 Youth Tobacco Survey sponsored by the South Dakota Department of Health. The information from this survey aids in designing programming to prevent tobacco use among our youth. The survey will be conducted for students in grades 6 to 8.

Survey Content. The survey questions ask about tobacco and nicotine related beliefs, attitudes and behaviors, cessation, and exposure to influences that promote or discourage tobacco and nicotine use. You may examine the questionnaire in the school office.

It is Voluntary. We would like all selected students to take part in the survey. But, the survey is voluntary. No action will be taken against the school, you, or your child, if you or your child chooses not to participate.

It is Anonymous. The survey has been designed to protect your child's privacy. Students do not enter their name on the survey. The survey does not ask for any identifying information from your child. Also, no school or student will ever be mentioned by name in a report of the results.

Administration. A school staff person will be administering the survey. Students will be asked to use a computer or Internet-connected device to fill out the survey during the period or course selected by school administration. The survey takes approximately 20 minutes to complete.

Potential Risks. The online survey will cause little or no risk to your child. Your child will get no direct benefit from taking part in the survey. The results of this survey will, however, help your child and other children in the future.

For Further Information. Please contact the school office or school principal if you have questions related to this survey. If the school principal cannot answer your questions about the survey, please call Callie Molengraaf, Youth Tobacco Survey Contractor (Population Health Evaluation Center - SDSU), at 605-688-6412. If you have any questions regarding the rights of your child as a participant in this survey, you may contact the SDSU Research Compliance Coordinator at 605-688-6975, or SDSU.IRB@sdstate.edu.

Youth Tobacco Survey Opt-Out Consent Form

If you DO NOT want your child to take the Youth Tobacco Survey, please complete the form below and **return it to the school within three days**. If your child has your permission to take the survey, you do not need to return this form.

By returning this form, ***I do not give permission*** for my child to take the Youth Tobacco Survey.

My child's name is: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____