

STUDENT SURVEY NOTIFICATION AND CONSENT FORM

Fremont Adolescent School Health Initiative ♦ Alameda County School-Based Health Center Coalition Kennedy High School

Dear Parent or Guardian,

The Alameda County Health Care Services Agency, in partnership with a group of Fremont youth, the Fremont Unified School District, the City of Fremont and Alameda County Supervisor Scott Haggerty, has designed a student survey to find out more about the health and wellness needs among students at selected schools along the Fremont 880 corridor. The student survey will be administered to 8th graders at Walters, 10th and 12th graders at Kennedy and students from all grade levels at Opportunity and Robertson.

The survey will provide valuable information to help improve health and wellness services for students. Please read this form for information about the survey, and for instructions on how to give permission for your child to participate in the survey.

Survey Content The survey asks students questions about their top health and wellness issues, access to health and wellness services, transportation barriers, and experiences with depression, safety at school and having someone to talk to about health and wellness issues. You may download a copy of the survey from the Fremont Unified School District website at <http://www.fremont.k12.ca.us/prg/HealthSurvey.html> or request a copy by calling the Alameda County School Health Services Coalition at (510) 667-7990.

Voluntary and Anonymous Your student does not have to take the survey. Students only have to answer the questions they want to answer and may stop taking it at any time. No names will be recorded or attached to the survey forms or data.

Administration The survey will be administered in classes at our school in December. It will take approximately 15 minutes to complete.

Potential Risks Participation in research involves a loss of privacy, but steps are in place to keep each student's answers as confidential as possible. To ensure the highest level of privacy, an impersonal cover sheet with will be attached to each survey, completed surveys will be stored in a confidential location and only aggregated data (no names or individual answers) will be used in any published reports about this study.

Potential Benefits Your student might enjoy having the opportunity to share his/her experiences and thoughts on this issue. Students may gain satisfaction in knowing that their comments will be used to improve health and wellness services in the Fremont Unified School District.

More Information If you have any questions about this survey, about your rights, or concerns about your child's participation, contact Wendi Wright, Assessment Coordinator, at (510) 618-3425.

If you allow your child to participate, please have your child return this form to their homeroom teacher by no later than December 6th.

Parent/Guardian Consent to Participate

(Note: This form may also be signed by student if student is age 18 years or older.)

By returning this form:

I DO give permission for my child (or self) to participate in the Student Survey.

I DO NOT give permission for my child (or self) to participate in the Student Survey.

(Please Print) Student's name is _____

Age _____ Grade _____

Signature _____

Date _____