

This form only needs to be returned if you do **NOT** want your child to participate.

MARYLAND YOUTH RISK BEHAVIOR SURVEY AND YOUTH TOBACCO SURVEY

PARENTAL "OPT OUT" FORM

Our school will be taking part in the 2024 Maryland Youth Risk Behavior Survey and Youth Tobacco Survey (YRBS/YTS), conducted by the Maryland Department of Health (MDH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression, and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior.

Students will be asked to use an internet-connected device to complete a survey that takes less than one class period (25-35 minutes) to complete.

The survey has been designed to protect your child's privacy. The survey is anonymous, and **students will not put their names on the survey**. Also, no school or student will ever be mentioned by name in a report of the results. Although your child may not benefit immediately from taking part in the survey, all children will ultimately benefit from the information collected that will guide the development and implementation of State and local programs designed to increase their health.

We would like all selected students to take part in the survey. However, the survey is voluntary. Doing this survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. **If your child is not comfortable answering a question, he or she may skip it.** No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty. A copy of the questionnaire is available for your review at the school and on the health department website listed below.

State and local school officials and a review board have approved the survey. If you or your child have any questions about participating in this survey, please call toll-free 1-800-840-8248, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey, please visit <https://phpa.health.maryland.gov/ohpetup/Pages/YTRBS.aspx> or [www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth).

If you do **not** want your child to take part in the survey, (1) check the box below, (2) sign the form and date it, and (3) return it to the school within 3 days. Please see the other side of this form for more facts about the survey. If you child's teacher or principal cannot answer your questions about the survey, please contact Jill Trott, Survey Manager, toll-free at 1-800-840-8248. Thank you.

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Child's name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

I have read this form and know what the survey is about.

**No** - My child may **not** take part in this survey.

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

## **Maryland Youth Risk Behavior Survey and Youth Tobacco Survey Frequently Asked Questions (FAQs)**

### **Q. Why is the Maryland Youth Risk Behavior Survey and Youth Tobacco Survey conducted?**

- A. The Maryland Department of Health and the Maryland State Department of Education will use the results from the *Maryland Youth Risk Behavior Survey and Youth Tobacco Survey* to (1) monitor how priority health-risk behaviors among middle and high school students increase, decrease, or remain the same over time; (2) evaluate the impact of broad state and local efforts to prevent health-risk behaviors; and (3) improve school health education policies and programs.

### **Q. Are sensitive questions asked?**

- A. Some questions may be considered sensitive. Questions are presented in a straightforward manner and the survey is anonymous. Topic areas covered include use of helmets and seat belts, depression, and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior. Students can skip any question that they do not wish to answer.

### **Q. How will the survey be administered?**

- A. Students will complete the web-based MD YRBS/YTS using an internet-connected device provided by the school or student. There are strict protocols for administering the survey online, which ensure responses are confidential and student privacy is protected. Maryland will offer a paper/pencil survey option if schools are unable to accommodate a web survey.

### **Q. Will student names be used or linked to the surveys?**

- A. No. The survey is designed to protect your child's privacy. The survey is administered by specially trained field staff or school staff. Students do not include their name on the survey. Responses are submitted electronically, and staff are not able to view a student's responses.

### **Q. Are students tracked over time to see how their behavior changes?**

- A. No. Students who participated cannot be tracked because no identifying information is collected.

### **Q. How was my child selected to be in the survey?**

- A. Statewide, approximately 80,000 students from about 370 schools will be selected to take part. Participating classes were picked randomly at each school.

### **Q. How long does it take to complete the survey? Does the survey include a physical test?**

- A. Less than one class period (approximately 25-35 minutes) is needed to complete the survey. The survey does not include a physical test or exam.