

**Prevention Needs Assessment (PNA)
Parent Information Letter**

Dear Parent(s)/Guardian(s):

Your child's school will be taking part in the Wyoming Prevention Needs Assessment Student Survey (PNA). This survey is sponsored by the Wyoming Department of Health. The students who participate will be asked about their attitudes, beliefs, and behaviors. Some of the questions ask about sensitive subjects, including substance use. The survey gathers information used to plan and evaluate programs addressing alcohol use, drug use, and other problem behaviors.

The survey will take about 45 minutes during the regular school day. The risk to your child will be no greater than what he or she might experience finishing school work. The data gathered from this survey will be anonymous. Your child will not put his or her name or other identifying information on the survey. Everyone involved will follow federal and state privacy laws.

Your child will be free to stop filling out the survey at any time. Refusing to participate or withdrawing from the survey will not affect your child's school grade or class standing in any way. If you or your child does not want to participate, your child can read or do some other activity while his or her classmates complete the survey. Like many opinion polls, all results from the study will be presented only about groups. No individual data will be reported. Only the researchers will have access to the data. The surveys will be stored in a locked storage room and electronic data will be kept on secure computers.

If you would like to see a copy of the survey, one is available at your child's school or from

<http://pnasurvey.org/> If you have any questions please contact:

Eric L. Canen, MS
Senior Research Scientist
Wyoming Survey & Analysis Center
University of Wyoming
Dept. 3925
1000 E. University Ave
Phone: (307) 760-0307 or Email: ecanen@uwyo.edu

If you have questions about your child's rights as a research subject, please contact the University of Wyoming IRB Administrator at 307-766-5320

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Please mark and return this completed form **only** if you **do not** wish your child to participate in the survey. The deadline for returning the form to the school is **«SCHOOL SURVEY DATE»** (the date of the survey).

School Name: _____

Child's Name: _____

My child may **NOT** take part in the PNA survey.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____