JACKSON COUNTY SCHOOLS

Parent Consent Form

for

Substance Use and School Climate Surveys

2026-2027 School Year

Jackson County Schools and our school plan to survey students regarding school climate and substance use during the academic year. The results of these surveys will help our local school system, community health providers, and state agencies to design and implement programs that promote student health and school safety, such as reductions in adolescent smoking and bullying behavior.

These surveys are supported by the West Virginia Department of Education, the West Virginia Division of Criminal Justice Services, the West Virginia Prevention Resource Center, Jackson County Anti-Drug Coalition and West Virginia's Partnership to Promote Community Well Being. The surveys will ask questions about student alcohol, tobacco, and other drug use; school safety; and risk and protective factors, as well as how students feel about their classes, teachers and the school in general.

These questionnaires will take less than one class period to complete.

The surveys have been designed to protect your child's identity. All are totally anonymous. Students will not put their names or any school numbers on the surveys. Also, no student will ever be mentioned by name in a report of the results. We would like all students to take part in the surveys, but the surveys are voluntary. Students can skip questions they do not wish to answer. No action will be taken against a student who does not participate in these surveys. There are no risks of physical harm to your child, and risks of psychological or social harm are small. None have been reported in previous years of administration of the surveys.

Copies of the questionnaires for each survey will be available in the principal's office. Please read the section below and check one box. Again, the results of these surveys are intended to help students so we hope you will allow your child to participate. Please return the form to the school with the other "beginning of the new school year" forms.

Thank you for your help.

Child's Name _____ Grade _____Homeroom _____

Check one:

****THIS PERMISSION FORM WILL BE****
****RETAINED AT THE SCHOOL****

___ My child may participate in anonymous surveys at school.

___ My child may not participate in surveys.

Parent's Signature: _____ Date: _____

Phone Number: _____

PLEASE RETURN TO THE SCHOOL AS SOON AS POSSIBLE