



West Allis-West Milwaukee School District
Administration Office

2/15/ 2018

Dear Parents/Guardian:

This winter, students in 8th, 9th and 10th grades are taking part in the Wisconsin On-line Youth Risk Behavior Survey (OYRBS). This important survey is sponsored by the Wisconsin Department of Public Instruction in cooperation with the Centers for Disease Control. The survey will ask about the health behaviors of 8th, 9th and 10th grade students. The survey will ask about nutrition, physical activity, injuries, and tobacco, alcohol and other drug use.

Completing this anonymous 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. Some questions are sensitive due to their direct wording. To help solve health problems among our youth, we must first understand what problems they are experiencing. For example, early alcohol use contributes to long-term health problems. The best way to learn if students are at risk is to ask them direct questions about these behaviors. The results contribute to both school and community health education programs. The data also helps to secure local, federal and state grants that support health education, substance abuse prevention and social/emotional learning programs.

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 your child does not take the survey. Students can skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point without penalty.

Per School Board Policy #440-rule: Student Surveys, parents or legal guardians have the right to view the survey materials. If you would like to view a copy of the OYRBS questions, please do so by the end of the survey window, March 28, 2018. Copies of surveys may be reviewed at your son or daughter's school but they may not be removed from the building.

If you DO NOT want your child to take part in this survey, please complete the form below and return it to the school office within three days of receiving this letter.

We thank you for your support of our efforts to support our students. A FAQ (Frequently Asked Question) Information Sheet is included with this letter. If you have further questions, contact Ms. Sabley Sabin, AODA Prevention and Education Specialist at 604-4909 or sabis@wawmsd.org

+++++

Student's Name: \_\_\_\_\_

[ ] My child may not participate in this survey.

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

Phone number: \_\_\_\_\_

>>>RETURN TO SCHOOL OFFICE>>>