

## Illinois Youth Survey Parent Notification Letter

Your child is being asked to participate in a voluntary survey called the Illinois Youth Survey, whose purpose is to better understand Illinois youth risk and protective behaviors as they relate to students and their success. Participation will involve completing a survey (with no names or identification numbers) that will be confidentially administered by a classroom teacher, counselor, or community member who has received training on administering this survey. Your child's participation will last no more than one class period (40-45 minutes). Risks related to participating are minimal, but some questions ask about sensitive topics and personal behavior that might make some students feel uncomfortable. The benefits related to this research include improving your community's ability to develop programs and strategies to prevent youth problem behaviors and enhance youth development. The alternative to participating in the survey is an alternate activity such as quiet reading in the classroom .

**Principal Investigator Name and Title:** Nancy Flowers, Director of Research Programs

**Department and Institution:** Center for Prevention Research and Development/ University of Illinois

**Contact Information :** 217-333-3231

**Sponsor:** Illinois Department of Human Services

### **Why is your child being asked?**

Your child's school district is working with Center for Prevention Research and Development at the University of Illinois to conduct the Illinois Youth Survey, a survey of middle and high school students. The survey asks about behaviors such as personal use of alcohol and other drugs; perception of risks; consequences; and approval or disapproval. Also asked are students' school experiences; family and personal characteristics; communication about substance use; feelings about self and moods; and student health behaviors. The purpose of the Illinois Youth Survey is to better understand Illinois youth risk and protective behaviors as they relate to students, their success, and the programs that may be needed to keep students safe and healthy. Your child has been asked to participate in this survey because he or she is a student in an elementary, middle, or high school located in the state of Illinois. Approximately 230,000 student participants will take this survey at Illinois schools in the spring of 2020. Your child's participation in this survey is voluntary. Your and your child's decision whether or not to participate will not affect your or your child's current or future dealings with your child's school or with the University of Illinois. If you decide your child can participate, you or your child are free to withdraw at any time without affecting those relationships.

### **What procedures are involved?**

The study procedures involve completing a survey (with no names or identification numbers) that will be confidentially administered by a classroom teacher, counselor, or community member who has received training on survey administration. This survey will take place in a regular classroom at your child's school and will be administered either online or on paper. Your child's participation will last no more than one class period (40-45 minutes).

### **What are the potential risks and discomforts?**

Some questions ask about sensitive topics and personal behavior that might make respondents feel uncomfortable. Participants don't have to answer any questions they don't want to and may stop responding at any time.

### **Are there benefits to participating in the research?**

The results of this survey may improve your school's or community's ability to develop programs and strategies to prevent youth problem behaviors and enhance youth development.

### **What other options are there?**

You have the option to refuse your child's participation in the survey. If you do not want your child to participate, he or she will be asked to participate in an alternate activity such as quiet reading in the classroom while the survey is taking place.

### **Will my child's study-related information be kept confidential?**

We will use all reasonable efforts to keep your child's personal information confidential, but we cannot guarantee absolute confidentiality. When this research is discussed or published, no one will know that your child took part in the survey. But, when required by law or university policy, information may be seen or copied by: a) The Institutional Review Board that

approves research studies; b) The Office for Protection of Research Subjects and other university departments that oversee human subjects research; or c) University and state auditors responsible for oversight of research.

**Will we be reimbursed for any expenses or paid for participation in this research?**

You will not be offered payment for your child 's participation in this study .

**Can my child withdraw or be removed from the study?**

If you allow your child to participate, you are free to change your mind and discontinue participation at any time. Your child can also choose to not participate or to stop participating in the survey.

**Will data collected from my child be used for any other research?**

Your child's de-identified information could be used for future research without additional informed consent.

**Who should I contact if I have questions?**

If you have questions about the survey process at your child's school, please contact the school office. If you wish to look over the survey questionnaire , it is available for review in your child's school office or online at <https://iys.cprd.illinois.edu/about/> content. If you have any questions about this study or your child's part in it, or if you have concerns or complaints about the research, contact Nancy Flowers, Director of Research Programs at the Center for Prevention Research and Development toll-free at 888-333-5612 or [nflowers@illinois.edu](mailto:nflowers@illinois.edu).

**What are my child's rights as a research subject?**

If you have any questions about your child's rights as a participant in this study, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or [irb@illinois.edu](mailto:irb@illinois.edu).

**What if I do not want my child to participate?**

If you do not want your child to participate in the survey , please complete the attached form, sign it, and return it to the school **within 2 weeks**. Your decision to refuse permission will not in any way influence your future relationship with your child's school. You may also withdraw your child during the survey by notifying the school office.

**ILLINOIS YOUTH SURVEY PARENT OPT-OUT FORM**

If you do **not** want your child to complete the survey, return this form with your signature to your child's homeroom teacher (if applicable). The Illinois Youth Survey coordinator at your child's school will ensure that your child does not participate. You do not have to complete this form if you are allowing your child to participate.

\_\_\_\_ I do **not** want my child to participate in the Illinois Youth Survey.

Parent/Guardian Signature: \_\_\_\_\_

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