Passive Consent for the CA Healthy Kids Survey Secondary California Department of Education Page 1 of 1

CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY 2022-23 SCHOOL YEAR MIDDLE (7/8)/HIGH SCHOOL(9-12)

Dear Parent or Guardian:

Your child is being asked to be a part of our school's California Healthy Kids Survey (CHKS) sponsored by the California Department of Education (CDE). This is a very important survey that will help promote better health and well-being among our youth, improve the school learning environment and combat problems such as drug abuse and violence. Your child does not have to take the survey. If you do not want your child to complete the survey, you must notify your school.

Survey Content. The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning; school safety; health-related concerns such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; risk of depression and suicide; and protected class identifiers such as sexual orientation and gender identity.

You may examine the questionnaire in the school office or at your district's website www.chicousd.org.

The results from this survey are compiled into district- and county-level CHKS Reports. To view a copy of your district's report, go to https://calschls.org/reports-data/search-lea-reports/ (Outside Source) and type in the district name.

It is Voluntary. Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer, and may stop taking the survey at any time.

It is Anonymous. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

	·		
Administration. The s	urvey will be administered on		
Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in 22 years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.			
For Further Information . The survey was developed for the CDE by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call the district at 530-891-3000 or Joni Meyer at jmeyer@chicousd.org.			
Withdrawal Fo	rms must be turned into	the identified contact at your student's school.	
CHKS Withdrawal	Form		
By returning this fo Survey.	rm, I do not give permis	sion for my child to be in the California Healthy Kids	
(Please Print)	My child's name is:	Grade:	
Teacher's Name or	Class Subject:		
Signature:		Date:	