

**Georgia Student Health Survey II and  
Gwinnett Coalition Comprehensive Youth Health Survey**  
**Parent Notification and Permission**



All Gwinnett County Public Schools middle and high schools are taking part in the 2013 Georgia Student Health Survey sponsored by the Georgia Department of Education along with the Comprehensive Youth Health Survey sponsored by the Gwinnett Coalition for Health and Human Services.

Students in grades 6 through 12 will have the opportunity to take the surveys. **The surveys will remain totally anonymous and will ask for responses that pertain to students' health-related behaviors, including safety, nutrition, alcohol, drug, and tobacco use, violent activity, and students' sexual activity, as well as questions about school climate.** The responses will not be available or reported for individual students. Data collected will only be reported by school, cluster, district, and state levels.

The survey from the Georgia Department of Education has been administered each year since 2006 while the survey by the Gwinnett Coalition for Health and Human Services has been administered every few years since 1996. The information from each of the previous administrations has been very helpful in addressing the needs of children in our community, resulting in increased children's health and decreases in behavior that puts children's health at risk. We encourage you to allow your child to be a part of this very important effort. **However, if you do not wish for your child to participate in either survey, please sign and return the forms below to your child's school office by December 6th and he/she will be given an alternative activity during the administration of the survey.**

The questions on both surveys may be reviewed by contacting your child's teacher to make an appointment. Thank you for your support and participation.

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**DO NOT** return this form if your child may participate in these surveys.  
**If you do not wish for your child to complete the surveys,** please sign this form, and return it to your child's teacher by \_\_\_\_\_.

I would prefer that my child NOT participate in the Georgia Student Health Survey II and Gwinnett Coalition Comprehensive Youth Health Survey

School \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_