Natick Public Schools

13 East Central Street Natick, Massachusetts 01760

Building the Future, One Child at a Time

Peter Sanchioni Superintendent (508) 647-6500 Rose Bertucci, Principal Natick High School (508) 647-6600 Lauren Gilbert
Director of Pupil Services
(508) 647-6510

November 1, 2010

Dear Parent or Guardian,

In order to provide the best possible education and services to our students, Natick High School will be participating in a survey called the *MetroWest Adolescent Health Survey*. Our hope is to gain some insight about student attitudes and behaviors with regard to a variety of health issues. The questions on the survey cover many topics including alcohol, tobacco and other drug use; violence and safety; nutrition and physical activity; sexual behaviors and mental health. This project will help our district develop and enhance the health education curriculum and our prevention services. We will be giving this survey to students in grades 9-12 on November 18 during Community Seminar.

The survey is **anonymous**, meaning your child will not put his or her name on the survey. There will be no identifying information on the survey.

Completing this survey is **voluntary**. Your child's grades in school will not be affected by participation or non-participation. Your child can decide not to take the survey or skip any question on the survey they do not want to answer.

The *Protection of Pupil Rights Amendment* is a Federal Law that requires parental notification prior to participation in the survey. A copy of the survey will be available from November 1-12 in the front office should you want to see it before distribution.

If you DO NOT want your child to take part in the survey, please complete the form below and have your child return it to the front office by November 12.

If you have any questions, please feel free to contact Bob Mei at RMei@Natickps.org

Sincerely,	
Rose Bertucci, Interim Principal	
Child's Name (Please print):	Grade:
I <u>DO NOT</u> want my child to participate in th	e 2010 MetroWest Adolescent Health Survey.
Your name (please print)	
Signature	 Date