

LaSalle Preparatory School
7436 Buffalo Avenue, Niagara Falls, NY 14304

Mr. James Spanbauer
Principal

Main Office: 716-278-5880

Fax: 716- 278-5899

Mrs. Kathleen Urban
Assistant Principal

Student Services: 716-278-5885

Fall 2019

Dear Parent or Guardian,

Our school is taking part in the Youth Risk Behavior Survey. The Niagara Falls City School District, in partnership with Community Connections of New York (CCNY, Inc.), will be administering the Youth Risk Behavior Survey (YRBS) on Tuesday, November 19th. Should you wish that your child not complete the survey, please complete the bottom portion of this letter and return to school.

The survey will ask about the health behaviors of middle and high school students. The survey will ask about nutrition, physical activity, injuries, and tobacco, alcohol, and other drug use. It will also ask about sexual behaviors that could lead to pregnancy and sexually transmitted diseases, including HIV. Students will be asked to fill out an online survey that takes about one class period to complete. Doing this 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. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no student will ever be mentioned by name in a report of the results.

For the survey results to be accurate, it is important that all students, regardless of whether they have engaged in health-risk behaviors, are given an opportunity to participate 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 may skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point without penalty. However, due to the importance of the survey, student participation is strongly encouraged.

If your child plans to take the survey, no further action is needed. If you do NOT wish your child to take the YRBS, please fill out the section below, sign, and return to your child's school main office within three days of receipt.

If you have any questions, please feel free to ask your child's counselor at 278-5885. If you would like to see the survey, a copy is available in the main office.

Sincerely,

James Spanbauer
Principal

Kathleen Urban
Assistant Principal

STUDENT'S NAME: _____

School: _____ Grade: _____

I have read this form and know what the survey is about.

NO, my child may not take this survey,

Parent/Guardian signature: _____ Date: _____