

PARENT OR GUARDIAN CONSENT FORM

PURPOSE OF THIS SURVEY: This survey asks your child about past and current experiences in his or her life. The purpose of the survey is to help adults at your child's school or agency better understand the risks and needs of students in order to develop better programs that promote social, emotional, and educational development.

WHAT YOUR CHILD WILL DO: If you and your child decide to participate, your child will be asked to complete one survey which will take approximately 15 – 20 minutes. The questions will ask about past and current experiences. Some questions are personal. If you or your child don't want to answer them, those questions can be skipped or the survey can be ended. Your child's identity will not be associated with his or her answers.

RISKS: Some of the questions may cause discomfort or embarrassment. If your child feels upset after the survey, the school or agency is required to have someone available to help them.

BENEFITS: There are no direct benefits to you as a parent. Your child may find it interesting to complete this survey. With your child's information, your school or agency may be able to find or develop better programs to promote social, emotional, and educational development. To your child, it may help them think about the things that are bothering them or habits that they have that they want to consider changing. The information provides them a benefit of self-reflection.

CONFIDENTIALITY: Your child's answers will be CONFIDENTIAL. Only an identification number will appear with your child's answers. Your school or agency will know your child's identification number. Your school or agency will keep all answers in a locked drawer or on a secure computer while in their possession. Your child's answers will be sent to Washington State University (WSU) for processing, analysis, and storage as ANONYMOUS data. Answers will be stored on a secure computer protected by WSU. Your child's identity will NOT be sent to WSU, and no employees at WSU will have access to information that connects your child with his or her identification number.

PARTICIPATION AND WITHDRAWAL: Your child's participation is completely voluntary, and he or she does not have to participate. There is no penalty or loss of benefit by not participating, except that your school or agency may not be able to help students as well. Your child may stop participating at any time.

Please indicate if you agree / do not agree to the WARNS
assessment on the Delta Release Form

Questions or Concerns? Please contact the Delta High School counselor.

Washington Assessment of the Risks and Needs of Students

STUDENT CONSENT FORM

PURPOSE OF THIS SURVEY: To understand your experiences in and out of school so better programs can be developed to help you and other students.

WHAT YOU WILL DO: If you decide to participate, you will be asked to complete one survey which will take approximately 15 – 20 minutes. The questions will ask about past and current experiences. Some questions are personal. If you don't want to answer them, just skip those questions or end the survey.

RISKS: Some of the questions may cause discomfort or embarrassment. If you feel upset after the survey, someone is available to help you. Ask your teacher or counselor who is there with you.

BENEFITS: You may find it interesting to complete this survey. If your teacher or counselor will see your answers, it may help them understand you better and find programs to help you. To you, it may help you think about the things that are bothering you or habits that you have that you want to consider changing. The information provides you a benefit of a self-reflection.

CONFIDENTIALITY: Your answers are CONFIDENTIAL. Only an identification number will appear along with your answers. Your school or agency will know your identification number. Your school or agency will keep your answers in a locked drawer or on a secure computer. Your answers will then be sent, without your name, to Washington State University for storage on a secure computer. The answers at WSU are anonymous. There is no way to determine your identity from your answers.

PARTICIPATION AND WITHDRAWAL: Your participation is completely voluntary, and you don't have to participate. There is no penalty or loss of benefit by not participating, except that your school or agency may not be able to help you as well. You may quit at any time.

Please indicate if you agree / do not agree to the WARNS
assessment on the Delta Release Form

Questions or Concerns? Please contact the Delta High School counselor.