



## Washington Community High School

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608 East Walnut Street  
Washington, IN 47501  
(812) 254-3860  
washingtoncommunityschools.org

January 22, 2024

Dear Parent(s)/guardian(s),

This spring students will be participating in a statewide survey of alcohol, tobacco, and other drugs use (the *Indiana Youth Survey*). Students in grades 6 – 12 are scheduled to participate. Your child's school will administer the survey the week of February 26th. The survey is conducted by Prevention Insights, School of Public Health, Indiana University-Bloomington. The information regarding the survey (i.e., sample questionnaires, reports, etc.) can be viewed at [www.INYS.indiana.edu](http://www.INYS.indiana.edu).

The purpose of the survey is to have accurate knowledge of alcohol, tobacco, and other drug usage from the youth in our community. The information will be comparable to both state and national data. The school system will get a report back that indicates usage by grade level. The outcomes of the survey assist us in planning curricula and programs to address alcohol, tobacco, and other drug use prevention.

The survey takes about 30 minutes to complete and is **voluntary, confidential, and anonymous**. No one will know who responded to the online survey. Student answers will be summarized in a report that will not include anyone's name. No direct personal identifiers nor IP addresses will be recorded as part of the survey.

Again, the survey is voluntary and confidential. If your child chooses **NOT** to participate in the survey, please complete the request below and turn in or email [cniehaus@wcs.k12.in.us](mailto:cniehaus@wcs.k12.in.us). Please feel free to contact me if you have any questions at 812-254-3860.

Sincerely,

Brian Holland

Principal



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Complete **only if you do NOT** want your child to participate in the survey. Return to your child's school OR  
You may call the school and let us know that you **do NOT** want your child to participate.

I \_\_\_\_\_ do NOT want \_\_\_\_\_

Print Parent's Name

Print Student's Name

to participate in the *Indiana Youth Survey*.

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