

**Alice Brown-LeGrand**  
Director of Student Support Services

**Athanasia Bousios**  
Coordinator of Special Education

**Rebecca Brown**  
Coordinator of Health Services



**WILMINGTON PUBLIC SCHOOLS**  
Office of Student Support Services  
219 Middlesex Ave | Wilmington, MA 01887  
Tel: (978) 694-6032

**Christine Murray**  
Coordinator of Behavioral Health &  
Social Emotional Support

**Mollie Dickerson**  
School Counseling Curriculum Team  
Leader (Gr. 6-12)

*A school and community partnership that provides an inclusive, respectful, and collaborative learning environment where all stakeholders are engaged in the development of the whole child.*

## **2023 Wilmington Public Schools Youth Risk Behavior Survey (YRBS) & Parent Opt Out Form**

In order to better understand and address the health-related challenges affecting children and youth, Wilmington Public Schools is working with a coalition of cities and towns in Middlesex County to administer the 2023 Youth Risk Behavior Survey (YRBS). This survey is based largely on a state survey that was developed by the Commonwealth of Massachusetts and a national survey developed by the Center of Disease Control and Prevention (CDC), and asks about the health behaviors of middle and high school students. Specifically, the survey asks questions about student characteristics; violence-related experiences and bullying; mental health; substance use; sexual behaviors that could lead to sexually transmitted infections and pregnancy; and connections to peers, adults, and the community. The survey data is used to monitor the prevalence of risky health behaviors, assess general trends in health behaviors over time, examine the co-occurrence of health behaviors, and provide comparison data for geographies and subpopulations.

Students will be asked to complete the 2023 YRBS during one of your child's regular class periods during the week of **April 24th**. The survey will be administered online and will take approximately 30 minutes to complete. Completing the 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.

We would like all students to take part in the survey, but participating in the survey is voluntary. No action will be taken against the school, you, or your child if he/she opts not to take the survey. However, the more students who take the survey the more useful the data will be to the district. If a student chooses to participate, they can skip any questions they do not wish to answer and can stop taking the survey at any point without penalty. Average results for the school will be made public in the fall of 2023 and will be used to improve the health and overall well-being of children and youth in Wilmington, Middlesex County, and across the Commonwealth of Massachusetts.

The survey and the data collection process have been designed to protect your child's privacy. The survey is anonymous and students are asked to not put their names on the survey. Also, no student will ever be mentioned by name in a report of the results.

**A copy of the survey is available on our website [here](#) for parents who wish to preview the survey.** If you have additional questions about the survey, please contact Christine Murray,

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#### Notice of Non-Discrimination

All educational and non-academic programs, activities and employment opportunities at Wilmington Public Schools are offered without regard to race, color, sex, religion, national origin, ethnicity, sexual orientation, gender identity, homelessness, age and/or disability, and any other class or characteristic protected by law.

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Coordinator of Behavioral Health and Social Emotional Support,  
[christine.murray@wpsk12.com](mailto:christine.murray@wpsk12.com).

Please complete the attached form only if you **do not** want your child to take part in the survey,  
and return the form to the building principal no later than **APRIL 14th**. Thank you for your  
support.

Sincerely,

Dr. Brand  
Superintendent of Schools

Rebecca Brown  
Coordinator of Health Services

Christine Murray, MA, CAGS  
Coordinator of Behavioral Health

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**RETURN THIS FORM TO THE BUILDING PRINCIPAL  
IF YOU DO NOT WANT  
YOUR CHILD TO TAKE THE YOUTH RISK BEHAVIOR  
SURVEY (YRBS)**

Please read the section below and check the box if you do not want your child to take part in the survey.

If you check the box “no” below, then sign this form and return it to the school **by APRIL 14th.**

Please contact Christine Murray at [Christine.murray@wpsk12.com](mailto:Christine.murray@wpsk12.com) if you have any questions.

Student’s name: \_\_\_\_\_

Grade (please circle):        6   7   8   9   10   11   12

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

**NO, my child may not take part in this survey.**

Parent’s signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

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