



South Carolina Communities that Care (CTC) Survey

Dear Parent/Guardian:

The South Carolina Communities that Care (CTC) Survey is a comprehensive, anonymous survey that assesses youth/adolescent substance use-related behaviors, access, and perceptions. The survey is voluntary, anonymous, and self-administered, taking an average of 15-20 minutes to complete. Survey content includes demographics, current and lifetime use of various substances such as tobacco, alcohol, marijuana, and other drugs, access to substances, perceived peer and parental attitudes, and protective factors such as parental disapproval of use. Survey results provide necessary data for prevention and student health improvement programs. Survey data allows Nexus Care of Beaufort County to apply for funding opportunities to provide evidence-based prevention programs in schools.

The CTC survey will be administered to students in grades 7, 9, and 11 between September 28, 2026, and December 18, 2026.

Your agreement and your student's participation in the survey are voluntary. Your student may decide not to participate or, if he or she does participate, can choose not to answer any question without penalty.

The survey will be confidential and anonymous. Students will not provide their names or other identifying information anywhere on the survey. Only staff working with the survey results will view the anonymous responses.

The Prevention Services Department with Nexus Care of Beaufort County will use survey results to continue designing and implementing activities to improve school and community programs that help prevent bullying, alcohol, and drug use among youth.

A copy of the survey is available for previewing on the Beaufort County School District website at [South Carolina Communities That Care Survey - Beaufort County School District \(beaufortschools.net\)](https://www.beaufortschools.net/south-carolina-communities-that-care-survey)

Questions about the survey can be addressed by contacting Wade Bishop, Director of Prevention Services, Nexus Care of Beaufort County (843) 255-6013.

Please check one of the following statements:

☐ I give my consent for my student to take the alcohol/drug survey.

☐ I do not give my consent for my student to take the alcohol/drug survey.

Please sign below and return this form to his/her school with your student.

Signature of Parent/Guardian

Date

Student's Name (please print)