

March 19, 2018

To the parent/guardian of 8<sup>th</sup> and 10<sup>th</sup> grade students:

**We would like to invite your child to participate in two short electronic surveys to evaluate his or her behaviors, attitudes, and beliefs regarding alcohol and drug use and related harms.** The state of Massachusetts recently passed legislation that requires the administration of a Screening, Brief Intervention and Referral to Treatment Program (SBIRT) in all middle and high schools in the Commonwealth. This 2017-2018 school year Norwood school nurses and counselors screened and provided education about alcohol and drug use to students in grades 7 and 10. The feedback from both staff and students has been very positive. The district is now partnering with Dr. Sharon Levy, Dr. Elissa Weitzman, and Dr. Lauren Wisk, researchers at Boston Children's Hospital, to evaluate the SBIRT program across schools and learn more about differences between grades who received SBIRT this year versus those who may receive screening in subsequent grades.

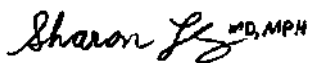
The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires Norwood Public Schools to notify you and allow you to opt your child out of participating in a student survey. The online survey takes approximately 15 minutes. The baseline survey will be administered the week of March 26th and the follow-up survey will be administered in the spring during the week of June 11th. The surveys are *anonymous* and ask students questions about drug and alcohol use behaviors in addition to questions about their perspectives on screening. The surveys also ask questions of a demographic nature: the number of parents/guardians the student lives with and their highest levels of education completed. All parents/guardians have the right, upon request, to review a copy of this survey. Contact Nurse Leader Jill Driscoll [jdriscoll@norwood.k12.ma.us](mailto:jdriscoll@norwood.k12.ma.us) to review the survey template.

**If you do not wish your child to participate in the survey**, please complete the instructions on page 2. If we do not receive written opt-out notification, your permission will be implied and your child will complete the survey during their health class. Your child will also be given the choice to opt out of the survey for themselves at the time the survey is administered. Choosing to decline participation in this research will in no way affect your child's education or relationship with the school. If your child does participate, all responses will be strictly confidential. We will not collect any of your child's personal information (name, birthday, etc.). Data will be stored securely at Boston Children's Hospital. The survey questions will be reviewed by the school district and approved by the Institutional Review Board (IRB) at Boston Children's Hospital.

As an adopter of this program, Norwood Public Schools has a very unique and exciting opportunity to help inform the implementation and increase the success of the SBIRT program statewide.

If you have any questions please contact Nurse Leader, Jill Driscoll [jdriscoll@norwood.k12.ma.us](mailto:jdriscoll@norwood.k12.ma.us) or contact the research study coordinator, Eliza Nelson, at [eliza.nelson@childrens.harvard.edu](mailto:eliza.nelson@childrens.harvard.edu).

Thank you for your consideration.



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## PARENT/GUARDIAN OPT-OUT FORM

Date: March 19, 2018

Grades: 8 or 10 (please circle one)

Activity: School SBIRT Evaluation Survey

Summary: This is an anonymous survey that asks students questions about drug and alcohol use behaviors in addition to questions about their perspectives on screening. The survey also asks questions of a demographic nature concerning the number of parents/guardians that the student lives with and their highest levels of education completed.

**If you do not want your child to take the survey** on or around the 26<sup>th</sup> of March and 11<sup>th</sup> of June, a parent must contact and inform Nurse Leader Jill Driscoll by e-mail [jdriscoll@norwood.k12.ma.us](mailto:jdriscoll@norwood.k12.ma.us) no later than March 25<sup>th</sup>.

### OR

Sign and return this opt-out form to your child's school nurse (Mrs. McDonough at the High School, Mrs. Sperber at the Coakley) no later than March 26<sup>th</sup>.

I \_\_\_\_\_ choose to **opt out** my child, \_\_\_\_\_ from participating in  
[parent/guardian name] [child's name]  
the School SBIRT Evaluation Survey on or about March 26<sup>th</sup> and June 11<sup>th</sup>.