



Dear Parent/Guardian,

We need your help! Please don't let your child miss this opportunity to contribute to building a healthy community. Your signature is required in order for your child to participate in this important survey.

The Wellspring Center for Prevention (formerly NCADD of Middlesex County, Inc.) will be conducting a countywide survey. The purpose of this survey is to develop an accurate picture of current drug use, attitudes and trends - *and for no other purpose*. It is administered by trained personnel that already work in your child's school at a time that least interferes with your child's academic time. No personal identifying questions or data will be associated with the survey.

The collected data will be analyzed by outside evaluators who will use methods that *guarantee the confidentiality and anonymity* of individual students and schools. The countywide results will be made available to key community members and local school districts *for planning purposes only*.

Your school supports this survey and asks for your help by agreeing to have your child participate. The survey is voluntary, but we ask that those students who do take part in the survey answer truthfully. Students are assured that they may skip any questions they do not want to answer. Students are also told that if, after completing the survey, they have any personal concerns, they should talk to their school counselor, who can direct them to resources for consultation.

Here are sample questions that the survey asks the students:

- *Within the past year, how often have you drunk alcohol (beer, cooler, liquor?)*
- *How much do you think people risk harming themselves if they smoke e-cigarettes, e-cigars, or e-hookahs?*
- *While at school have you been afraid a student may hurt you?*

We would like to thank you and your child in advance for your participation in the completion of this important survey. If you have any questions, please feel free to contact me at (732) 254-3344 ext. 113 or by email at [mara.carlin@WellspringPrevention.org](mailto:mara.carlin@WellspringPrevention.org). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Mara Carlin", is written over a light blue horizontal line.

Mara Carlin, CPS  
Coordinator for Coalition and Community Programs

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PLEASE READ AND SIGN THE SECTION BELOW AND RETURN THE FORM TO YOUR CHILD'S SCHOOL. THANK YOU.

I am the Parent/Guardian of (Print Child's Name): \_\_\_\_\_.

\_\_\_\_ I do give permission for my child to take part in the Middlesex County Student Survey for 2018-19, which will be conducted at my child's school.

\_\_\_\_ I do not give permission for my child to take part in the Middlesex County Student Survey for 2018-19.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_