Dear Parents and Caregivers,

Your child's school has decided to participate in an community-engaged, evidence-based approach to supporting youth mental health in your community. Part of this approach is to assess students to understand and meet the mental health needs of junior and high school students. The assessment design, data collection, and analysis will be conducted by Communities for Youth, an organization that focuses on improving youth mental health and that partners with St. Luke's Health System and the Idaho Department of Health and Welfare. The process is anonymous and confidential. Please be aware that the survey addresses sexual orientation and history, sexual assault, alcohol and drug abuse, and questions about home life among many other topics related to mental health.

Please read this letter for information about the student needs assessment.

If you **do not** want your child to complete the assessment, please do one of the following:

- **Please sign and return the form included below OR**
- **Click this link to OPT OUT of the survey electronically.**

Either of these methods will ensure that your child will not be asked to participate in the survey.

If you DO wish to have your child participate, we are grateful; you do not have to take any further action. This part of our approach works best when we have a majority of the school population participating in the assessment. We will share a summary of findings in the coming months.

The purpose of this assessment is to identify things that are going well and also elements of risk in young people's lives. Knowing this information can help our school, and our community, work together to make positive change in the lives of the young people we serve. Questions on the assessment include collecting young people's feelings and thoughts across several important environments: at school, at home, in their community, and with peers. Sometimes students have a hard time with their mental health because of things that are sensitive. As a result, some of the questions in the assessment are somewhat sensitive. They include questions about using cigarettes, alcohol, or other drugs, experiencing mental health challenges such as depression, anxiety, suicide and questions about possible abuse in relationships. The assessment takes approximately one class period to complete.

Participation in the assessment is voluntary. Students can withdraw from the assessment at any time without penalty. All responses are 100% confidential. If you would like to see a copy of this assessment, we are happy to make one available to you if you contact Communities for Youth at, email: communities4youth@gmail.com; phone: 208-991-4442.

Although we do not intend to cause any stress, we know it is possible and will do several things to help your child be safe and feel comfortable. We will ask as few sensitive questions as possible and let students skip any questions they do not want to answer or quit taking the assessment whenever they want. We will also let them know that if they choose to skip a question or quit they will not get in any trouble. We will let them know that their responses will be anonymous, their participation confidential, and that their names will never appear on any survey they complete. Finally, we will make sure school counselors are available in case anyone has something they want to discuss after the assessment.

The assessment is designed to take 45-55 minutes (or one class period). For this project, we do ask for some limited demographic information. Due to the make-up of Idaho's population, the combined answers to these questions *may* make an individual person identifiable. Our team will protect the confidentiality of your student. Because of the way we will be using computers to ask questions, no one will ever know how your child answered any question. However, if your child is uncomfortable answering any of these questions, they may leave them blank.

Thank you for your consideration.

PLEASE RETURN THIS FORM if you DO NOT want your child to participate:

[You may also OPT OUT electronically by clicking this link]

I WOULD NOT like my child to participate in this survey:

_____

parent signature, date

My student(s) name(s):

_____ _____