



# SUSANVILLE SCHOOL DISTRICT

109 South Gilman Street • Susanville, CA 96130-4512

(530) 257-8200

FAX 257- 8246

Jason Waddell

Superintendent

DIAMOND VIEW MCKINLEY MEADOW VIEW

Dear Parent or Guardian:

Your child is being asked to be a part of our school's California Healthy Kids Survey (CHKS), sponsored by the California Department of Education. This is a very important survey that will help promote better health and well-being among our youth and improve the school learning environment. The results from this survey help District Leadership to improve programs for students and create a safer environment for all students!

**Survey Content.** The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning, as well as behaviors such as physical activity and nutritional habits; alcohol, tobacco and other drug use; and school safety.

**It is Voluntary.** Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer, and may stop taking the survey at any time.

**It is Anonymous.** No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

**Administration.** The survey will be administered between October 3 and November 16, 2022. It will take about one class period to complete (about 50 minutes) and will be administered during your child's regular class or computer lab time.

**For Further Information.** Feel free to contact your school administrator or District Superintendent, Jason Waddell at (530) 257-8200.

---

Parent Consent Form for the California Healthy Kids Survey for the Susanville School District

Please check below whether you grant permission, sign, and return this form within three days to the teacher who distributed it.

I give permission for my child to be in the California Healthy Kids Survey for all Susanville School

—

District students.

I do not give permission for my child to be in the California Healthy Kids Survey for the Susanville

\_\_\_\_\_  
School District.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My child's name IS: \_\_\_\_\_

(Please Print)

THANK you FOR COMPLETING AND RETURNING THIS CONSENT FORM.