

# Palo Alto

Unified School District

**CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY  
2017-18 SCHOOL YEAR  
ELEMENTARY SCHOOL**

Dear Parent or Guardian:

Your child is being asked to participate in our school's California Healthy Kids Survey (CHKS) sponsored by the California Department of Education. The survey administration window is between October 30<sup>th</sup> - November 17<sup>th</sup> and will take about 30 minutes to complete. The CHKS is instrumental in helping our school promote better health and wellbeing among our youth, improve the school learning environment and address problems such as drug use/abuse and violence. Although this survey is optional, we highly value your student's feedback and encourage your student to participate.

Information regarding the administration of this survey was provided during the registration process and you may have already provided permission for your child to participate, and therefore no action is required. However, if you've changed your mind, please complete the bottom portion of this form and return to the school office. If you opted out at the time of registration, we have your information and no further action is required.

The CHKS 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.

There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in 14 years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

The survey was developed by WestEd, a public, non-profit educational institution. If you have any questions about this survey, please contact Myrna Zendejas, District Social Worker, (650) 329-3986.

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### CHKS Withdrawal Form

By returning this form, I **do not give permission** for my child to be in the California Healthy Kids Survey.

(Please Print)

My child's name is: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Wellness & Support Services  
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