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2017-2018 Consent for the California Healthy Kids Survey

Dear Parent,

Your child is being asked to be a part of our District's Healthy Kids Survey. This is a very important survey that will help our District promote better school climate factors and academic achievement. **Participation is voluntary and requires your permission.**

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.

You may examine the questionnaire in the school office or at your district's Web site <http://www.rosemead.k12.ca.us/Page/474>.

The results from this survey are compiled into district and county-level CHKS Reports. To view a copy of your district's report, go to <http://chks.wested.org/reports/search> (Outside Source) and type in the district name.

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.

Survey Administration: The survey will be given in March/April.

Potential Risks: There is no risk of physical harm and a very small risk of psychological or social harm. None have been reported in ten years of the survey.

For Further Information. The survey was developed by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call the Special Education & Student Support Services Office at (626) 312-2900, ext. 230.

Please check below whether you give permission for your child to participate in the survey. Sign and return this form to your child's teacher **as soon as possible**.

_____ **I give permission** for my child to participate in the Healthy Kids Survey.

_____ **I do not give permission** for my child to participate in the Healthy Kids Survey.

My child's name is: _____
(Please Print)

Parent Signature: _____

THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT FORM.

Fax Numbers:

Business Office: 626-312-2907 • Child Development: 626-312-2918 • Human Resources: 626-307-6148
Educational Services: 626-312-3814 • Special Education & Student Support Services: 626-312-2913 • Superintendent's Office: 626-312-2906
Nutrition Services: 626-312-2921 • Payroll: 626-312-2916 • Purchasing: 626-312-2915

