

2012 Oklahoma Prevention Needs Assessment Survey

School District Participation Consent Form

The _____ School District agrees to participate in the 2012 Oklahoma Prevention Needs Assessment Survey.

I designate _____ as the District Coordinator for the survey project. This person will work with the district's schools and the Oklahoma Department of Mental Health and Substance Abuse Services to conduct the Oklahoma PNA Survey.

Please provide us with the following contact information for this District Coordinator:

Physical Mailing Address (including city and zip code):

NO P.O. BOX ADDRESSES PLEASE

(survey packets will be delivered by Fed-ex and require a physical mailing address)

(insert street address)

(insert city and zip code)

District Coordinator Phone Number:

District Coordinator E-mail:

Please provide us with the total number of students for each of the following grades within your district/school:

6th:

8th:

10th:

12th:

Superintendent Name:

Superintendent E-mail Address (for electronic distribution of results after survey completion):

Superintendent Signature

Date

Return to:

Jessica Davis, OPNA Survey Coordinator
Prevention Services Division
Oklahoma Department of Mental Health and Substance Abuse Services
1200 NE 13th – P.O. Box 53277
Oklahoma City, OK 73152

Fax: (405) 522-6784