

2012 Oklahoma Prevention Needs Assessment Survey Self-Select School District Participation Consent Form

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

In agreeing to participate, the school district also agrees to the following terms:

- Should any school in our school district be selected to participate in the randomized OPNA sample during the next survey administration, the school will do so.
- We understand that we will need to achieve a participation percentage of 85% of our middle school (6th & 8th) and 85% of our high school (10th & 12th) students in order to receive school-level data reports.
- In addition to completing the survey at a high percentage (85% participation in each age group), we also agree to return completed surveys to Bach Harrison by May 7th.
- If any school in our district that is sampled for the 2012 survey refuses to participate in this year's survey, I understand that the school will be ineligible to self-elect in future administrations of the OPNA.

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)

Phone Number: _____

E-mail: _____

Please provide us with current enrollment figures for our district/school's students in the following grades:

6th Grade Enrollment _____

8th Grade Enrollment _____

10th Grade Enrollment _____

12th Grade Enrollment _____

Superintendent Signature

Date

Superintendent Email Address (for electronic distribution of results to you after survey completion)

Return to:

Stephanie U'Ren, OPNA Survey Coordinator, Prevention Services Section,

Oklahoma Department of Mental Health and Substance Abuse Services

1200 NE 13th – P.O. Box 53277, Oklahoma City, OK 73152

Fax: (405) 522-6784 • suren@odmhsas.org