



FAIRFAX COUNTY  
PUBLIC SCHOOLS

Jack D. Dale, Superintendent  
8115 Gatehouse Road  
Falls Church, Virginia 22042

January 2, 2008

Dear Parent or Guardian:

Your child has been selected to participate in the *2008 Fairfax Youth Survey*. As you may recall, similar surveys were conducted in 2001, 2003, and 2005. The Fairfax County Board of Supervisors allocated funds for the *2008 Fairfax Youth Survey* to be administered to approximately 20,000 sixth, eighth, tenth, and twelfth grade students. The sixth grade students selected to participate in the survey were determined from randomly selected classrooms, while middle and high school students were selected by randomly selected English classes. The survey was designed to allow participants to complete the survey in one class period.

The survey focuses on the rate of alcohol, tobacco, and other drug use by adolescents and related risk behaviors of delinquency and violence. It also measures specific protective factors concerning health and safety that help youth refrain from high-risk behaviors. This year, the Board of Supervisors has directed that additional questions related to personal health, including eating disorders, obesity, and sexual behavior, be added to the survey administered to eighth, tenth, and twelfth grade students. The *2008 Fairfax Youth Survey* for sixth grade students has been completely re-designed to be shorter, more user friendly, and age-appropriate for this population. County officials will analyze the information for use at the local level; however, no student will be mentioned by name in the survey results. If a student is uncomfortable with any question on the survey, the student does not have to answer that question or may elect to discontinue the survey. Additionally, while it is hoped that as many students as possible will participate, you have the option of declining permission for your child to participate in the survey.

The survey will be administered on February 6, 2008. A copy of the actual survey will be available to parents, guardians, or community members online and in the school counseling office of every school participating in the survey. A survey fact sheet is enclosed for your information. The survey may be previewed prior to its administration by accessing the web site at [www.fairfaxcounty.gov/youthsurvey](http://www.fairfaxcounty.gov/youthsurvey) or by contacting your child's school counseling office to make an appointment.

The results of this survey will be extremely helpful in determining the extent to which youth engage in behaviors that pose a risk to their current and future health and will assist our community in developing appropriate education, prevention, and intervention programs. However, participation in the survey is voluntary. An alternative activity will be available for students who do not participate.

**If you do not wish for your son or daughter to participate, please complete the enclosed opt-out form and return it to your child's school counseling office by February 4, 2008.** If you have questions, please feel free to contact the Safe and Drug-Free Youth Section, Office of Student Services, at 571-423-4270.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jack D. Dale', written over a printed name and title.

Jack D. Dale  
Superintendent of Schools

JDD/jb  
Enclosures

## **2008 Fairfax Youth Survey OPT-OUT FORM**

Complete this form **only** if you **do not** wish your child to participate in the survey. Return it to your child's school counseling office no later than February 4, 2008

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**I do not give permission** for my child to participate in the confidential *2008 Fairfax Youth Survey*. I understand that my child will be assigned to an alternative activity during the administration of the survey. I also understand that my child will not be subjected to unfavorable comment or stigmatization for the decision to abstain from participation in the survey.

Student's Name (please print): \_\_\_\_\_

Student's School (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

If you **do not** wish your child to participate in the survey, please return  
**NO LATER THAN February 4, 2008**, to:

Your Child's School Counseling Office at  
Your Child's School