MONTCLAIR STATE UNIVERSITY | Center for Research and Evaluation on Education and Human Services
College for Education and Engaged Learning

NEW JERSEY MIDDLE SCHOOL SURVEY
PARENT PERMISSION FORM

Please read below with care. You can ask questions at any time. You can talk to other people before you fill out this form. You can keep a copy of this form for your records.

You can learn more about the survey by watching the "About the Survey" video:

Your child's school is participating in the statewide *NJ Middle School Survey*. The survey asks 7th- and 8th-grade students about their school, community, peers, and family, as well as their experiences with alcohol and drug use, mental health, bullying, gambling, and social media.

The survey will take about 30 minutes to complete. It will be administered in class on a date selected by your child's school. Your child will not miss any school work by taking the survey. Your child will only take the survey one time. The survey is available in English and Spanish and is administered online.

It is anonymous. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. There is no way to connect any survey answers to your child. You, your child's principal, teacher, classmates, and other school staff (for example, the school counselor or assistant principal) may know that your child took this survey, but they will *not* know HOW they answered. The research team will see the answers your child puts on the survey, but will *not* know which student gave which answers. The research team may use the data obtained in this study in future studies. The findings will be written as a summary. They will not name any student or school.

It is voluntary. All students whose parents have not returned a form will be allowed to take the survey. However, your child does not have to take this survey. If you agree for your child to participate in the survey, you do not need to complete this form. If you **do not** want your child to participate in this survey, please complete the form below and your child will not be provided the survey. No action will be taken against the school, you, or your child if your child does not take the survey.

Benefits. The overall survey results can help families, schools, and communities create safer and more supportive spaces for students. All of these results can help local and state agencies focus on the behaviors that put youth wellness at risk and behaviors that can help protect it. This will help guide support where it's needed most and inform policies, programs, and services directly within your community.

Possible Risks. Your child may find some questions sensitive or embarrassing. They can skip any question they do not want to answer. They can stop taking the survey at any point. Student support staff (such as a school counselor) will be available to talk about anything that may come up in the survey. You may request to see a copy of the survey from the school office.

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For more information, please read the Parent Fact Sheet or watch the "About the Survey" video. If you have any questions, phone or email:

- Katie Bognar, Project Coordinator at 973-655-4592, middleschoolsurvey@montclair.edu
- Dr. Sarah Kelly, MSU IRB Chair at 973-655-3697, reviewboard@montclair.edu

This study is being funded by the New Jersey Department of Human Services, Division of Mental Health and Addiction Services (DMHAS). It is being conducted by the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University.

This study has been approved by the Montclair State University Institutional Review Board, MSU IRB #FY24-25-4260

Complete the section below ONLY if you do not want your child to take part in the survey by [redacted] If more than one of your children has been selected to take this survey, please complete one permission form per child.

If you agree for your child to participate in the survey, you do not need to complete this permission form. If you do NOT want your child to participate, fill out the form below and return to your child's school.

Statement of Permission

I have read this form. The purpose, the details of involvement, and possible risks have been explained clearly. I understand that this survey is voluntary and my child can stop taking the survey at any time.

❑ NO, my child may **NOT** take part in this survey.

_____

Child's First and Last Name

_____

Your First and Last Name

_____

School Name

Child's Grade:

❑ 7th grade

❑ 8th grade