I. Data Collection Checklist for the Youth Risk Behavior Survey

Form Approved OMB No.: 0920-0493 Expiration Date: XX/XX/XXXX

DATA COLLECTION CHECKLIST - YRBS - ACTIVE

School Name: _____ Date of Survey Administration: _____

Teacher: _____ Grade(s): ____ Class: _____ Period: _____

| | Total Number of Students Enrolled in Class Minus Ineligible* Students | (Code as A | Eligib A – Absent; | Non Participa le Students ISS - In Schoo or NFR – No F | Number of Parent Refusals (PR) | Number of Completed Surveys | |
|---------|--|------------|-----------------------|---|--------------------------------------|-----------------------------------|--|
| | | Α | ISS | SR | NFR | | |
| Females | | | | | | | |
| Males | | | | | | | |
| Total | | | | | | | |

* The following non-participation codes should be used to identify why students are not eligible to participate in the survey. Do not include these students in the enrollment totals or on the Make-Up List.

CCI – Cannot Complete IndependentlyDS – Dropped SchoolDC – Dropped ClassE – Expelled

H – Homebound

MA – Moved Away **OSS** – Out of School Suspension EA – Extended Absence

TAC – Took in Another Class

| Please Print Student Name or Identifier | Gender (M/F) | Grade | Date Reminde r Sent | Check if Permissio n Form was Returned "No" | Check if Permission Form was Returned "Yes" | If Student Did NOT Participate Record Eligibility Code | If Eligibility Code is: A, ISS, SR or NFR ✓ Student <u>IS</u> Eligible for Make-Up |
|--|-----------------|-------|---------------------------|--|---|---|--|
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-0493).

| Please Print Student Name or Identifier | Gender (M/F) | Grade | Date Reminde r Sent | Check if Permissio n Form was Returned "No" | Check if Permission Form was Returned "Yes" | If Student Did NOT Participate Record Eligibility Code | If Eligibility Code is: A, ISS, SR or NFR ✓ Student <u>IS</u> Eligible for Make-Up |
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