

# {Year} National Youth Tobacco Survey

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Dear Principal/School Contact:

Thank you for agreeing to participate in the {Year} National Youth Tobacco Survey (NYTS), sponsored by the Centers for Disease Control and Prevention (CDC). We appreciate your school's graciousness in hosting the {Year} NYTS. The survey is designed to collect comprehensive data on the attitudes, knowledge, and behaviors of middle and high school students (grades 6-12) with respect to tobacco use, intent to use, exposure to tobacco use, and exposure to tobacco marketing/advertising. A report summarizing the results will be published the following year and your school will be notified when the report is available for download.

Enclosed is a packet of materials for each participating teacher (whose names are listed on the enclosed Summary of School Arrangements Form). These packets contain: the Summary of School Arrangements Form, a survey fact sheet, a Data Collection Checklist, parental permission forms, reminder slips, and instructions to be read when distributing permission forms. We do not need to receive the completed parental permission forms. These forms remain at the school and are to be maintained according to your school's parental permission form policies and procedures.

We request that each teacher complete a Data Collection Checklist for his or her class **BEFORE the survey administration date**. Names or ID's of **all** students in each selected class should be listed on this checklist, not just those participating in the survey. Names will be kept confidential and the checklist will be destroyed after the completion of data collection. The names are needed to take roll, make sure students not in the selected class do not "slip in," identify students eligible to complete the survey (i.e., returned parental permission form with "yes" response), develop make-up lists of eligible students.

Your support and encouragement will help to ensure a high rate of participation among your students. A high participation rate is needed to produce valid national data. We ask that you:

1. Distribute the packets to each participating teacher. Ask them to distribute a parental permission form to each student in the selected class **at least 10 days before the survey administration date** and encourage their students to return the forms.
2. Please check with teachers a few days prior to the survey administration to make sure parental permission forms have been distributed. Please ask them to distribute reminder slips and/or additional permission forms as needed.
3. Identify someone within the school to whom participating teachers may refer students, in the unlikely event the survey raises questions about health risk behaviors. This person may be a guidance counselor, school nurse, or other staff member. Let the teachers know who this is, prior to the survey.
4. Complete the enclosed School Enrollment Form (tan form) and the School Award Form (white form). Please give them to the data collector on the day of the survey.

The participation of your students in the NYTS will help the CDC, educators, and public health officials assess and improve efforts to reduce tobacco use among adolescents throughout the Nation. If you have any questions, please call me toll-free at 1-800-675-9727 between 8:30 a.m. and 5:00 p.m. eastern time. Thank you again for your cooperation.

Sincerely,

Kate Flint, Project Director  
National Youth Tobacco Survey