

[Year] National Youth Tobacco Survey

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). 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 teacher whose class was selected to participate. These packets contain the Summary of School Arrangements form, a Data Collection Checklist, a survey fact sheet, parental permission forms, instructions to be read when distributing permission forms, and reminder slips. Any returned permission forms will remain at the school and are to be maintained according to your school's parental permission form policies and procedures.

Your support and encouragement will help to ensure a high rate of participation, which is critical to produce valid national data. We ask that you:

1. Distribute the enclosed packets to each teacher at your earliest convenience. Ask them to fill out the Data Collection Checklist, distribute a parental permission form to each student in the selected class(es) as soon as possible, and encourage their students to return the forms. Please ask teachers to distribute reminder slips and/or additional permission forms as needed.
2. Please check with teachers a few days after giving them the enclosed packets to make sure the parental permission forms have been distributed. Parental permission forms should be distributed to students **at least 10 days before the administration date**.
3. In the unlikely event the survey raises questions about health risk behaviors, identify someone within the school to whom participating teachers may refer students. 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 study representative on the day of the survey or fax them to the number on the form, whichever is most convenient.

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,

[Name], Project Director
National Youth Tobacco Survey