

Attachment G School Recruitment Script

PRIOR TO CALLING, VERIFY THE DATE LETTER WAS SENT AND HAVE THE LETTER AND SCHOOL'S FILE FOLDER READY TO DOCUMENT THE OUTCOME OF EACH CALL.

1. Hello, this is {YOUR NAME}. I'm calling to follow up on a letter from the Centers for Disease Control and Prevention notifying you that your school is invited to participate in the National Youth Risk Behavior Survey Test-Retest Reliability Study sponsored by CDC. Do you have some time to talk with me right now? [IF NOT] When would you like me to call you back or would you prefer to make an appointment?
2. The letter was dated {INSERT DATE FROM LETTER}. The letter was from Dr. Kathleen Ethier and was on Centers for Disease Control and Prevention letterhead. Do you recall getting the letter? Along with the letter was a copy of the questionnaire.

(DEPENDING ON PREVIOUS ARRANGEMENT WITH DISTRICT, USE 3A OR 3B.)

- 3A. You should have also received a {LETTER, MEMO, PHONE CALL} or have talked with {DISTRICT OFFICIAL} regarding this study.
- 3B. We spoke to {NAME} in the School District on {DATE}. (He/she) has given (his/her) approval for me to contact you today.
4. Have you had a chance to review the materials about the study?
5. The reason for my call now is to make sure that you received the letter, to answer any questions that you may have, and to discuss your school's involvement in the study.
6. Do you foresee any problems with participating or do you have any questions?
(PROVIDE BACKGROUND INFORMATION ON PROJECT.) The purpose of the study is to establish the reliability of data collected by the YRBS. To do that, students take the anonymous survey two times to determine if they are answering questions on the survey the same way each time. Students will be asked to fill out the YRBS questionnaire which takes about 45 minutes of class time to complete. The questionnaire will ask about behaviors related to nutrition, physical activity, injuries, violence, and tobacco, alcohol, and other drug use. It will also ask about sexual behaviors that could lead to pregnancy and sexually transmitted diseases, including HIV. Students will be asked to fill out the same questionnaire again approximately two weeks later. The second questionnaire will also take about 45 minutes of class time to complete. CDC is conducting this study to develop better questionnaires in the future. Reliable data is important because the results of these questionnaire are used by schools, districts, and the CDC to improve health-related education, policies, and programs.
7. PROVIDE INFORMATION ON BURDEN AND PROCEDURES: We are asking you to identify one class from each grade at your school during which time we will administer the survey. For each class, the survey will be administered by specially-trained field staff during two separate class periods, approximately two weeks apart. During each administration, it will take approximately 10 minutes for the survey administrator to distribute survey materials and read directions to the students and approximately 35 minutes for the students to record their responses to {#} multiple-choice questions. The questionnaire was developed by expert panels in six health risk topic areas, with technical assistance by CDC. Representatives from state and local education agencies have reviewed the questionnaire.

IF ASKED, EXPLAIN HOW ANONYMITY IS MAINTAINED. Anonymity will be maintained throughout the entire survey process. Each set of Time 1 and Time 2 surveys will be labeled with a unique identifier that links the two surveys to each other but does not link either survey to any student name or other personally identifying information. Names will never be collected during this study. No results will be reported by student name, class,

school, school district, city, or state. States, districts, and schools were selected randomly for this survey. Participation in the survey is completely voluntary. However, it is very important that we achieve a high participation rate for the survey results to be valid.

We need your help to assist our field staff in coordinating our visit to your school, and to work with teachers to send home the parental permission forms, keep track of them when they are returned, and provide reminders when necessary.

8. The study will occur between September and December 2021. (Other schools within your area also will participate.)
9. Do you have any questions that I can answer for you? Are there any issues you would like to discuss? If you have no further questions, can we count on your school's participation in the study?
10. (IF SCHOOL REFUSES PARTICIPATION: RECORD ALL REASONS AND CIRCUMSTANCES CONCERNING REFUSAL.) Thank you very much for the time you've spent talking to me today. (END CONVERSATION ON POSITIVE NOTE ALLOWING FOR FUTURE CONTACT ON THIS ISSUE.)
11. Now, I'd like to obtain some information from you that we will need to plan your school's participation in the study. This includes selecting classes, getting names of teachers, and some other things. Could you verify that your school contains the grade range we have listed which is {GRADE LEVELS}? Is {THE PRINCIPAL'S/YOUR} name correct? Are the school's phone number and address correct?
 - A. In order to minimize disruption to your regular school schedule, we hope to select classes that will allow us to schedule only one school day to administer the survey at your school for each time point (Time 1 and Time 2).
 - We will select one class from each of grades 9-12 in the school to be in the study. The class should be one single class period that would only include students from that grade. This will help us avoid situations where a single student might be in two selected classrooms.
 - If possible, the four selected classes should be in different periods of the day so that the same administrator is able to conduct the survey in each class during a single day.
 - (WORK WITH THE SCHOOL TO DETERMINE WHICH CLASSES TO SELECT.)
 - B. For each selected class, I will need:
 - The grade level
 - The name of the class
 - The name of the teacher
 - The period that the class takes place

12. PARENTAL PERMISSION FORMS: One very important task for which we depend on you and your teachers is the distribution of parental permission forms. The permission form requests that parents sign and return the form only if they want to opt their student out of the survey. Is that okay? We would plan to have the teachers in the selected classes be responsible for handing out the permission forms and then collecting the opt-out forms returned to the school. If this is not preferred, please indicate who should distribute permission forms or what would be best for your school.

Homeroom or Classroom Teacher
 Contact Person
 Principal
 Other: _____

Permission forms will be available in Spanish for parents who speak and read only Spanish. Will you need any of these?

No
 Yes--Roughly how many? _____

13. COMMUNICATING WITH SCHOOL CONTACT/LIAISON: We will want to have a brief phone call with a designated school contact to review the parent permission form distribution script. We will ask that person to review the script with teachers in the selected classes, to ask those teachers to send the permission forms home, and to provide teachers with a checklist to help them track any permission forms that get returned. Could you provide me with the name of who should be our school contact and the best time to talk with that person?

14. HOLIDAYS/INSERVICE/BAD DAYS: Our field staff member, {INSERT NAME, IF KNOWN}, will be in your area for approximately one week sometime between September and December. To avoid any major scheduling conflicts, we need to know what school breaks or holidays you will be observing or any other school activities such as in-service, parent-teacher, conferences, standardized testing, early release days, class trips, or anything else that would prevent conducting the survey on any given day.

What dates would be bad for you in:

{MONTH}: _____
{MONTH}: _____

15. CONTACT PERSON: We appreciate the time that you have taken out of your busy schedule to arrange the details of this study. We are extremely grateful to you and your teachers for their receptiveness and willingness to participate in the survey.

Do you wish to remain the contact person in your school or would you like someone else to be the contact person from now on? It is not necessary that you or your designated representative be present during the survey administration, but we do request that the teacher remain unobtrusively in the room in the unlikely event he/she may be needed to maintain discipline or provide other assistance.

Contact Person: _____
Telephone: _____
Best Time to Reach: _____

16. In the next few days, a confirmation letter will be sent to you summarizing everything we have just discussed. Please read the letter carefully, and let us know if anything is unclear or if you have any questions.

In addition, a package with parental permission forms and other materials will be sent to your school three to four weeks before the first survey is administered. This package will include information packets for the teachers with instructions on what to do prior to arrival of the data collector. We would appreciate it if {YOU/THE CONTACT PERSON} would make sure that the packets are distributed to the teachers.

17. Are there any other special circumstances or requirements you think are important for us to know about, concerning your staff, the students, or the school premises?
18. Thank you very much for your time and cooperation with us on this very important survey. Please feel free to call Barbara Queen at Westat if you have any questions. The number is (301) 294-4476. Westat has been contracted by CDC to conduct this study. You may also contact Dr. Sherry Everett Jones, at CDC. Her number is (404) 718-8288.