

**VIRTUAL ADMINISTRATION**  
**SUMMARY OF SCHOOL ARRANGEMENTS (SSA)**  
**2021 NATIONAL YOUTH TOBACCO SURVEY**

<b>[MDR_#]</b>
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Please review the information below. If there are any changes, please call us toll-free at 1-800-287-1815 to make certain these changes are recorded. Thank you in advance for your time.

<b>School Name:</b> [School Name]	<b>District Name:</b> [District Name]
<b>School Address:</b> [School Address] [City, ST ZIP]	<b>School Phone:</b> [School Phone]

<b>Name and Phone of Principal:</b> [Principal Name, Phone]	<b>Name and Phone of School Contact:</b> [Contract Name, Title, Phone]
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<b>Scheduled Date(s) of Data Collection:</b> [Day, Date]	<b>Name and Phone of Technical Assistance Provider (TAP):</b> [TAP Name, Phone]
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**I. FOR TEACHERS – IMPORTANT INFORMATION – Please READ**

This information is designed to guide/aide you in the survey administration process. On the day of the survey, participating students will need an internet-connected device, either provided by the school or a personal device. All other materials you need to administer the web-based survey have been provided electronically by the school contact (listed above).

If you have questions, please reach out to your school’s point of contact or your school’s assigned Technical Assistance Provider (highlighted above). Thank you for your part in making the survey a success in your virtual classroom(s)!

**As soon as possible:**

- **Review** the list of classes that have been randomly selected to participate.
- **Log-in** to [nyts.cdc.gov](https://nyts.cdc.gov) to access your teacher portal, using the Teacher Code listed in the table below.
- **Watch** the first of two brief 2-minute videos (“Pre-survey” video) for pertinent information **prior** to the survey administration.

**NOTE:** *If you have multiple classes selected, each class will have a different Teacher Code. However, you only need to watch the video once.*

Teacher Name	Type of Class	Period	Teacher Code
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]

**On the day of the survey administration:**

- **Log-in** to [nyts.cdc.gov](https://nyts.cdc.gov) using the Teacher Code above to watch the 2-minute “Day of Survey” video.
- **Determine** who can take the survey based on the return of the parental permission forms.
- **Provide** students taking the survey with the survey URL and the Classroom Access Code associated with your class as noted below. **NOTE:** *this is different than your Teacher Code in the table above. If you have multiple classes selected, each class will have a different Classroom Access Code.*

**STUDENT SURVEY URL:** [nyts.cdc.gov](https://nyts.cdc.gov)

Teacher Name	Class	Period	Classroom Access Code
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]

- **Log-in** to [nyts.cdc.gov](https://nyts.cdc.gov) using the Teacher Code (*from the blue table above*) and **complete** the Class Enrollment form. If you have more than one selected class, please complete the form for each class using the appropriate code.
- **For eligible students who are absent on the day of the survey**, please provide them with the student survey URL and Classroom Access Code when they return to class and encourage them to complete the survey.

## II. SELECTED CLASS SECTIONS:

Collection Date	Grade	Name of Teacher	Type of Class	No. of Students	Period	Start Time	End Time
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]

## III. PARENTAL PERMISSION FORMS:

**Type:** [Active/Opt-out]      **Other Language Forms Needed:** [Notes]

**Distribution Method:** [Paper/Electronic]      **Notes:** [Notes]

[Permission form distribution message specific to Active or Opt-out]

## IV. ADDITIONAL INFORMATION:

**IN PERSON ADMINISTRATION**  
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**School Phone:** [School Phone]

**Name and Phone of Principal:**  
[Principal Name, Phone]

**Name and Phone of School Contact:**  
[Contract Name, Title, Phone]

**Scheduled Date(s) of Data Collection:**  
[Day, Date]

**Name and Phone of Technical Assistance Provider (TAP):**  
[TAP Name, Phone]

**II. FOR TEACHERS – IMPORTANT INFORMATION – Please READ**

This information is designed to guide/aide you in the survey administration process. On the day of the survey, participating students will need an internet-connected device, either provided by the school or a personal device. All other materials you need to administer the web-based survey have been provided (student sign-in cards, earbuds).

If you have questions, please reach out to your school’s point of contact (listed above) or your school’s assigned Technical Assistance Provider (highlighted above). Thank you for your part in making the survey a success in your classroom(s)!

**As soon as possible:**

- **Review** the list of classes that have been randomly selected to participate.
- **Log-in** to [nyts.cdc.gov](https://nyts.cdc.gov) to access your teacher portal, using the Teacher Code listed in the table below.
- **Watch** the **first** of two brief 2-minute videos (“Pre-survey” video) for pertinent information **prior** to the survey administration.
- **We have provided** earbuds so that you may hear the audio without disturbing your class.  
**NOTE:** *If you have multiple classes selected, each class will have a different Teacher Code. However, you only need to watch the video once.*

Teacher Name	Type of Class	Period	Teacher Code
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]
[Teacher Name]	[Class]	[PD]	[CODE]

**On the day of the survey administration:**

- **Log-in** to [nyts.cdc.gov](https://nyts.cdc.gov) using the Teacher Code above to watch the 2-minute “Day of Survey Video.”
- **Determine** who can take the survey based on the return of the parental permission forms.
- **Distribute** the student sign-in cards and earbuds, one for each student. Student instructions are printed on the cards.
- **Log-in** to [nyts.cdc.gov](https://nyts.cdc.gov) using the Teacher Code and **complete** the Class Enrollment form. If you have more than one selected class, please log in and complete the information for each class using the appropriate code.
- **For eligible students who are absent on the day of the survey**, please provide them with a student sign-in card and earbuds when they return to class and encourage them to complete the survey.

II. SELECTED CLASS SECTIONS:

Collection Date	Grade	Name of Teacher	Type of Class	No. of Students	Period	Start Time	End Time
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]
[Date]	[GR]	[Teacher Name]	[Class]	[#]	[PD]	[Time]	[Time]

III. PARENTAL PERMISSION FORMS:

**Type:** [Active/Opt-out]      **Other Language Forms Needed:** [Notes]

**Distribution Method:** [Paper/Electronic]      **Notes:** [Notes]

[Permission form distribution message specific to Active or Opt-out]

IV. ADDITIONAL INFORMATION: