2021 Adolescent Behaviors and Experiences Survey

Attachment I8

Parental Permission Form Distribution Language (Exclusively Distance Learning)

**Sample Language to Use**

**When Distributing Permission Forms**

Dear Teacher:

You may wish to email this to parents when you distribute the parental permission forms to encourage student participation in the Adolescent Behaviors and Experiences Survey.

Thank you.

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| --- |
| Dear Parents:   * Our class has been selected to participate in the Adolescent Behaviors and Experiences Survey (ABES) conducted by the Centers for Disease Control and Prevention (CDC). This survey focuses on health-risk behaviors -- such as smoking or alcohol and drug use -- that affect teens now and into their adulthood. * By participating in this survey, your child is taking part in an extremely important effort to understand the health of the Nation’s teens, particularly during the COVID-19 pandemic. **CDC needs and values your child’s input.** * See the attached parental permission form for more information about the survey. After you have reviewed the information, please complete the form and return it to me. If you are unable to print/scan the form, you may also email me your decision.   Thank you.  YOUR NAME |