

Healthy Students Questionnaire

Student Assent Form (ages 9-17)

Your school is part of a program to support student health during, before, and after the school day. This questionnaire will help us assess how well the program is working.

It should take about 20 minutes to complete.

You may choose not to respond to any question. You will not be in trouble if you do not participate. Your responses will remain secret throughout the project.

The results of the questionnaire will be used to improve support to schools.

If you have questions about this questionnaire please contact the evaluation team at 2302evaluation@icf.com. For questions regarding your rights related to this questionnaire you can contact ICF Institutional Review Board (IRB) chair at irb@icf.com.

Please choose one of the options below:

- ☐ I have read the above information, and I agree to participate in this questionnaire
- ☐ I have read the above information, and I DO NOT wish to participate in this questionnaire. If you choose this option, you will not be allowed to continue to the questionnaire.

Name _____

Date: _____