OMB Control Number 0910-0932
Expiration Date 05/31/2027

Hello _____,

Thank you for taking time to work with us to confirm logistics for your school's participation in the FDA's National Youth Tobacco Survey (NYTS). [It was a pleasure talking to you! Below is a summary of the information we discussed.] [Below is a summary of information we would like to confirm (date) and discuss (sampling, parent permission, and incentive).] I have included links to information NYTS Overview – Please see attached letter from [STATE DEPARTMENT OF ED or NATIONAL ORG] and study flyer.

- **Scheduling survey** – **Scheduling survey** – Choose a time between [STUDY DATES]. [Your school chose DATE for your student survey!]

- **NYTS class sampling** – we will sample [one/two] 6th through 12th grade classes from [SUBJECT]. Please use the attached form to provide a list of all [GRADES grade SUBJECT classes] to NYTS staff. *Sampling must be completed by NYTS staff.

- **Parent Permission** – [IF IMPLIED/PASSIVE PERMISSION IS REQUIRED OR WE DON'T YET KNOW PERMISSION TYPE: The study uses implied/passive permission form located here: [LINK]

    - Please distribute the forms in hardcopy or digitally to parents of students in sampled classes as soon as possible.]

    - [IF WE DON'T YET KNOW PERMISSION TYPE, ADD: If your school requires explicit parent permission, please notify your NYTS liaison and we will send the form and email notifications for parents. Parents will need to return a signed form for their child to participate prior to the session.] [IF THE SCHOOL REQUIRES EXPLICIT/ACTIVE PERMISSION: We understand that your school requires active/explicit permission. The form is located here: [LINK]. To achieve high student participation, please distribute this form ASAP and request that the form be signed and returned the next day. Please send email reminders and/or additional copies of the form periodically until all forms are returned. Your NYTS liaison will be in close communication with you to help ensure high response among students in your school.]

- **Incentive** – As a symbol of appreciation for contributing their time and support, the FDA will provide each participating school with a monetary award. One option is to use these funds for prevention curriculum and educational materials. However, no restrictions will be placed on how schools can use these funds. Participating schools will also receive an invitation to a webinar discussing the results of the 2024 NYTS.

- **Flyer** – Feel free to share the study flyer with admin and teachers.

Please reach out to me if you have any additional questions.

Thank you for your help with NYTS!

[NYTS LIAISON TEAM]

Public reporting burden for this collection of information is estimated to average 30 minutes per survey, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Office of Operations, Food and Drug Administration, Three White Flint North, 10A-12M, 11601 Landsdown St., North Bethesda, MD 20852, PRAStaff@fda.hhs.gov, ATTN: PRA (0910-0932).