

Form Approved
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Expiration Date: xx/xx/xxxx

2025 and 2027 National Youth Risk Behavior Survey

Attachment Q2

Letter of Invitation to Districts for the national YRBS



[DATE]

[Supt Prefix] [Supt First Name] [Supt Last Name]
[District Name]
[District Address]
[District City], [District State Abbreviation] [District Zip]

Dear [Supt Title] [Supt Last Name]:

We are inviting [#] school(s) in your district to participate in the [YEAR] national Youth Risk Behavior Survey (YRBS), sponsored by the U.S. Centers for Disease Control and Prevention (CDC). These/This school(s) are/is among the approximately [#] schools randomly selected across the United States.

The YRBS is an ongoing survey of students in grades 9 through 12 that assesses priority health-risk behaviors, including: (1) behaviors that result in unintentional injuries and violence, including suicidality (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that contribute to HIV infection, other sexually transmitted diseases, and unintended pregnancies, (5) unhealthy dietary behaviors, and (6) physical inactivity. Developed in partnership with federal agencies, as well as numerous state and local departments of health and education, the YRBS is administered biennially during odd-numbered years. This schedule ensures the timely collection of data from students across the nation.

Participation in the YRBS is easy and important, providing your students with an opportunity to be represented and share their voices anonymously and voluntarily. Monitoring the behaviors that put our youth at greatest risk for harm can provide essential information used to improve outcomes for students. YRBS data will provide valuable insight into the current and emerging trends of youth engagement in risk behaviors.

CDC respects the educational mission of schools; for that reason, only a small number of classes in each school are asked to participate in the tablet-based survey. Depending on class configuration, typically one or two classes equating to about 25 to 50 students in each selected grade are chosen randomly. The selected school(s) in your district is/are shown below, along with the number of anticipated classes at each grade level:

School

[School Name]

Grade (Number of Classes)

[9th (X), 10th (X), 11th (X), 12th (X)]

Data collection will occur during January through May [YEAR]. Questionnaires will be administered via tablets by specially trained field staff during one normal class period. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. States, counties, cities, school districts, schools, and students will not be identified in any published reports.

In appreciation for their time and support, CDC will provide each participating school with a monetary award. There are no restrictions on how schools can use these funds, providing flexibility for initiative such as developing or implementing prevention curricula, acquiring educational materials, or enhancing overall resources to better serve students.

The YRBS has become the primary source of information on the most important health-risk behaviors of high school students in this country and is increasingly used by leading educators, public health officials, lawmakers, doctors, community organizations, and other youth advocates to inform school and community programs, communications campaigns, and other efforts.

The YRBS questionnaire is used independently by many state and local departments of education and health to conduct their own surveys, which adds to the available data that can be used for this important work. Results from the national survey effectively serve as an index against which state- and local-level data can be compared.

For your convenience, we have enclosed copies of the YRBS questionnaire, sample parental permission forms, study fact sheet, and letters of support from national health and education organizations. Within one week, a representative from ICF, a nationally recognized survey research firm contracted by CDC to conduct the national YRBS, will contact you to confirm your receipt of this information and answer any questions you may have. If you have any immediate questions, please call Ms. Alice Roberts of ICF at (800) 675-9727. We are grateful for your support of the YRBS, which helps schools and communities improve the health and wellbeing of our youth.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Kathleen A. Ethier". The signature is fluid and cursive, with the first name "Kathleen" and the last name "Ethier" clearly distinguishable.

Kathleen A. Ethier, Ph.D.
Director, Division of Adolescent and School Health
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

Enclosures

cc: Nancy Brener, Centers for Disease Control and Prevention
Alice Roberts, ICF
Jill Trott, ICF
[First Name] [Last Name], ICF
[Principal First Name] [Principal Last Name], [School Name]
[First Name] [Last Name], [Primary Organization]