



# WAYLAND MIDDLE SCHOOL

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Elizabeth C. Gavron, Principal

George Benzie, Assistant Principal

**Belonging – Empathy – Respect – Trust**

November 1, 2016

Dear Parent or Guardian,

To make sure we give the best possible education and services to children in Wayland, we want to learn about their attitudes and behaviors with regard to a variety of health issues. In order to accomplish this, students at Wayland Middle School are being asked to participate in a survey called the *MetroWest Adolescent Health Survey*. The questions of the survey cover many topics including alcohol, tobacco and other drug use; violence and safety; nutrition and physical activity; online behaviors; and mental health. This project will help our district develop and enhance its health education and prevention services. We will be giving this survey to students in grades 6-8 on November 16, 2016.

The survey is **anonymous**, meaning your child will not put his or her name on the survey and no one will know what they write. There will be no identifying information on any of the surveys.

Completing this survey is **voluntary**. Your child's grades in school will not be affected by whether or not s/he participates. Your child can also decide not to take the survey or skip any question s/he doesn't wish to answer.

The *Protection of Pupil Rights Amendment* is a Federal Law that requires us to notify you ahead of time about the survey, and give you the chance to look at it, so you can let us know if you don't want your child to take part. If you want to see the survey before deciding, a copy will be available at Wayland Middle School from November 7- November 14, 2016.

If you DO NOT want your child to take part in the survey, please complete the form below and have your child return it to his or her school by Monday, November 14, 2016.

If you have any questions, please feel free to contact Dr. Marlene Dodyk, Director of Student Services at 508-358-3756 or [Marlene.Dodyk@wayland.k12.ma.us](mailto:Marlene.Dodyk@wayland.k12.ma.us).

Sincerely,

Betsy Gavron, Principal

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Child's Name (Please print): \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

**I DO NOT allow my child to participate in the 2016 MetroWest Adolescent Health Survey.**

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date