



THOMAS A. BLAKE MIDDLE SCHOOL

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NATHANIEL VAUGHN

Principal

KELLY CAMPBELL

Assistant Principal

October 27, 2014

Dear Parent or Guardian,

To make sure we continue to give the best possible education and services to children in Medfield, we want to learn about their attitudes and behaviors with regard to a variety of health-related topics. In order to accomplish this, students at Blake Middle School are being asked to participate in the MetroWest Adolescent Health Survey. The questions on the survey cover many topics including alcohol, tobacco and other drug use; violence and safety; nutrition and physical activity; and mental health. This project will continue to help our district develop and enhance its important health education and prevention services. We will be giving this survey to students in grades 6-8 on Monday, November 10th.

The survey is **anonymous**, meaning your child will not put his or her name on the survey and no one will know what he or she writes. 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 he or she participates. Your child can also decide not to take the survey or skip any question he or she does not 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 do not want your child to take part. If you would like to see the survey before deciding, a copy will be available in the main office from Thursday, October 30, 2014 through Thursday November 6, 2014.

If you DO NOT want your child to take part in the survey, please complete the form below and return it to the main office secretary by Friday, November 7, 2014.

If you have any questions, please feel free to contact Susan Cowell, Wellness Content Specialist, at scowell@email.medfield.net.

Sincerely,

Nat Vaughn

Child's Name (Please print): _____

Child's School: _____ Grade: _____

I DO NOT allow my child to participate in the 2014 MetroWest Adolescent Health Survey.

Your name (please print) _____

Signature

Date