

# Mulvane

USD 263  
Public Schools

Dr. Brad Rahe, Superintendent

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Dear Parent/Guardian:

Our schools will soon be administering the *Kansas Communities That Care Student Survey*\*. This survey is taken by 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students statewide. I believe this survey is a valuable tool to help us understand how students perceive things like substance use and bullying. It gives us insight into the problems students face and shows what we can do to help them succeed. The information is essential to local and state grant funding and to planning effective prevention programs in our school and community.

The survey is available to view at [www.kctcdata.org/Documents/ctc\\_survey\\_.pdf](http://www.kctcdata.org/Documents/ctc_survey_.pdf). You may also be interested to know the following:

1. **It is completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students.
2. **Participation is entirely voluntary.** Your child may decline to participate in the survey, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate. Please check the appropriate box below. ***All parents must sign and return this form to school by September 1.*** Thank you in advance for your cooperation.

Sincerely,

Traci Becker  
Mulvane Middle School Principal

Jay Ensley  
Mulvane High School Principal

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Please check one:

- Yes, I give permission** for my child to participate in the *Kansas Communities That Care Student Survey*.
- No, I do not** give permission for my child to participate in the *Kansas Communities That Care Student Survey*.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
Date

\*The survey is provided by the Kansas Department for Aging and Disability Services Behavioral Health Services and administered by the Southeast Kansas Education Service Center Grants and Evaluation Department