Dear Parents/Guardians,

Through a federally-funded grant called TRIAGE, teachers, administrators, and support staff at all middle and high schools in Guilford County Schools (GCS) will receive training designed to help them recognize and respond to acts of school violence using trauma-informed practices and mental health first aid. In order to help understand if this training was successful or not and what additional supports schools need to accomplish this important goal, we are asking for all middle and high school students to complete a brief (10-minute) survey.

The student survey includes questions amount school climate, teacher-student relationships, sense of belonging, and school safety. Students will be asked to complete the pre-survey next week (10/18 to 10/22) and again in May 2022 and May 2023. The survey will ask for your student to report their student IDs in order to allow researchers to connect their responses to future responses. No individual student’s responses will be shared, and will only be reported alongside other students’ responses (for example, as averages) at the school and district level. There are minimal risks for your child to complete the survey, beyond any emotional response to the content of the questions. Your child’s participation is *optional* and they may choose not to participate, may skip any items, or may end participation at any time. No incentives are being provided for completion of this survey.

The purpose of this letter is to serve as a passive consent form. **If you do not wish for your child to participate in the completion of the surveys, please sign and return this letter indicating your wishes by Monday, October 18, 2021**. If you do not respond to this letter, your child will be allowed to participate when their class completes the survey next week. If your child participates and you later wish for them to not complete the survey, please notify your child’s principal.

Any questions about the grant or the proposed survey can be directed to our external evaluator, Dr. Melissa Page of The Evaluation Group, 803-760-9957 or [melissa@evaluationgroup.com](mailto:melissa@evaluationgroup.com).

Only sign and return by 10/18/21 if you do not wish for your child to complete the survey.

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Parent Signature                                                              Date

Please print your name    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please print your child’s name to indicate that you **do not want them to complete the survey**