Dear Family,

For the 19-20 school year, _________________ will be implementing lessons that can help to protect children against alcohol, tobacco, and other drug use. We will be using a highly effective substance abuse and violence prevention program called Botvin LifeSkills Training. Your child will bring home assignments about setting goals, making decisions, maintaining friendships, staying calm, and communicating with others.

LifeSkills Training is a program that has been proven to work in more than 35 published studies. Journals such as the Journal of the American Medical Association have reported how students who have participated in the LifeSkills Training program have demonstrated resistance to alcohol, tobacco, and other drug use. These effects have been shown to last for up to 12 years after students have participated in the program. We are pleased to have the opportunity to incorporate this program into our academic day.

We are able to provide the LifeSkills Training program through a grant from the Substance Abuse Prevention and Treatment Agency (SAPTA) and our continued partnership with Join Together Northern Nevada (JTNN). As part of our grant requirements, we are administering a survey from LifeSkills. This survey is designed to give us information about students’ health knowledge, attitudes, and behaviors. Please see this link for more information on the survey: https://www.washoeschools.net/cms/lib/NV01912265/Centricity/Doma in/173/LifeSkills-Training-Middle-School-Survey-Revised-9-7-18.pdf

*If you choose to excuse your child from answering questions on the LifeSkills Survey, please complete the form below, cut it off and return to the school.

Thank you.

Sincerely,

____________________________________
Student Name

____________________________________
Name of School

____________________________________
Counselor/Social Worker

____________________________________
Grade

____________________________________
Parent/Guardian printed name

____________________________________
Parent/Guardian signature

I understand returning this form means I DO NOT WANT MY CHILD TO ANSWER QUESTIONS ON THE LIFESKILLS SURVEY FOR THE LIFESKILLS TRAINING PROGRAM.