



Dear Parent or Guardian,

Your child is invited to take a new survey called the Youth Thrive™ Survey. The survey was created by the Center for the Study of Social Policy (CSSP) to help organizations understand how best to serve young people and help them to become healthy, thriving adults. Please read this letter carefully and ask any questions you have before deciding whether to allow your child to participate.

Purpose of the activity: To test the new survey to make sure that it gives organizations the information they need to serve young people better.

What we will ask your child to do: If you agree to allow your child to participate, Division of Family and Children Services/GARYSE-ILP will give your child a link to take the survey. The survey asks questions about topics such as resilience, social connections, knowledge of adolescent development, supports, and cognitive and social-emotional competence. It will take roughly 20 minutes to complete. If additional testing is needed, Division of Family and Children Services/GARYSE-ILP may invite your child to take the survey up to two more times. Although CSSP cannot offer compensation for completing the survey, young people will play a very important part in developing this tool that will be used to help organizations serve young people better.

Your child's feedback will be confidential: The survey will NOT ask for your child's name or any other identifying information. All data received will be kept secure and confidential and will be reviewed only by CSSP's partner researchers at Metis Associates. All findings will be reported in aggregate form—in other words, for all young people together. Your child's answers will NOT affect any services he or she receives.

Participation is voluntary: Your child does not have to answer any questions that he/she does not wish to answer. Your child may end the survey at any time.

Risks and benefits: There are no known risks to participating. Youth and young adults who take the survey in the future may benefit if organizations use survey results to improve their services.

If you have questions: Please ask any questions you have before agreeing to allow your child to participate. If you have questions later, you may contact Charlyn Harper Browne at charlyn.harperbrowne@cssp.org or at 404-456-9624.

Please sign and return this form to Division of Family and Children Services/GARYSE-ILP within one week of receiving it is form if you agree

only if you DO NOT APPROVE of your child's participation in the survey.  to allow your child to participate.	You do not have to return th
☐ I do <b>NOT</b> approve of my child's participation in the Youth Thrive Sur	vey.
Child's Name	
Parent/Guardian Name (print)	-
Parent/Guardian Signature	Date