



Date \_\_\_\_\_

Dear Parents and Guardians:

This fall our district’s secondary schools will be participating in a statewide needs assessment survey for students in grades 8, 10, and 12. The survey, known as the Arkansas Prevention Needs Assessment (APNA) Student Survey, is sponsored by the Arkansas Department of Human Services. Locally, APNA’s administration is supported by the Community Health Council, Sebastian County Opioid Task Force, and Harbor House Prevention Programs.

The survey measures key behaviors like substance use and violence while maintaining student privacy. Questions cover alcohol, drugs, tobacco, and community factors related to substance use and abuse. The results will be used to help plan substance abuse prevention strategies and programs in our community and school. Some important facts about the survey:

- 1 It is anonymous. Students will not put their names on the survey. No one will be able to connect any individual student with his or her responses. School staff will not see any student responses.
- 2 Participation in the survey is voluntary. A student may decline to participate at any time or skip any question they do not wish to answer. A statement to this effect is read to all students immediately before taking the survey.
- 3 A copy of the 2025 survey will be kept in the school office and be made available for parents to view upon request. The following link is to the 2024 student survey. [2024 APNA Student Survey](#)

The survey benefits participating schools in gaining insights into developing prevention plans, addressing behavior issues, assessing service needs, and improving school support programs. We believe that the survey is a worthwhile undertaking that can help create better, more effective prevention interventions to combat the problem of drug and alcohol use by young people in our community. We hope that you agree to allow your child to participate in this statewide effort. If you agree, you need to do nothing further. However, if for any reason you do not wish for your student to participate, please complete the [Denial of Permission Form](#), QR Code, or send the denial of permission form to (School Counselor) by (Date) and your student will be excused from participation.

Thank you in advance for your support toward creating healthier environments for our youth.

Sincerely,  
(PRINCIPAL)

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DENIAL of PERMISSION FORM

I do not want my Student \_\_\_\_\_ Grade \_\_\_\_\_ to participate in the Arkansas Prevention Needs Assessment Student Survey.

Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_

Date \_\_\_\_\_



Denial of Permission QR Code