

# Online Missouri Student Survey

Dear Parent/Guardian:

The School District of Springfield R-12 will be administering the Missouri Student Survey in cooperation with the MO Dept. of Elementary and Secondary Education and the MO Institute of Mental Health. The survey will be administered beginning February 1, 2020 through March 31, 2020 to students in grades six through twelve.

Your student's participation in this survey is completely anonymous, voluntary and confidential. No names or other identifying information will ever be captured or used in connection with your student's responses. Your son or daughter may skip individual questions and may quit the survey at any time. Here are some sample questions:

During the past 12 months, how many times were you in a physical fight?

During the past 30 days, on how many days did you smoke cigarettes?

During the past 30 days, how many times did you have at least one drink of alcohol?

During the past 12 months, did you ever seriously consider attempting suicide?

If you would like to view the entire survey, you may access it at this link:

<https://dmh.mo.gov/media/pdf/missouri-student-survey-questionnaire-2020>

Results of the survey are used to assist the state and school districts in:

- Gathering information on alcohol, tobacco, and other drug usage among the students.
- Retrieving and analyzing data of students' behavior patterns as it relates to incidences of violence, self-harm or other mental health issues.
- Becoming more intentional in addressing substance use, mental health issues and violence.

To help the children and youth in our community to be as healthy as possible, and to aid our schools in providing better prevention curriculums, it is very important that your student participates. Please return this form **ONLY** if you **DO NOT** want your son or daughter to participate in the Missouri Student Survey.

Please contact Rhonda Mammen, Director of Counseling Services (471-523-0063), if you have questions or would like more information about the survey.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print)

I **DO NOT** give permission for the above named student to participate in the Missouri Student Survey.

Parent's Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form To:

Rhonda Mammen, Director of Counseling Services  
Springfield Public Schools  
Bentley Administrative Center  
1610 E. Sunshine Street  
Springfield, Missouri 65804  
[rmammen@spsmail.org](mailto:rmammen@spsmail.org)