Dear Parent/Legal Guardian:

This fall in your school district and in other districts around the state, 6th, 8th, and 11th graders will take the 2025 Iowa Youth Survey. The purpose of the Iowa Youth Survey (IYS) is to allow students to share information on their health-related experiences. This information is used by schools, communities, and the State of Iowa to improve experiences and health outcomes for youth in Iowa.

**Students in your school district will complete the Iowa Youth Survey between September 15 and November 10, 2025. If you want your child to participate, please complete the form below.**

Participation in the IYS is completely optional and anonymous. Students can skip any questions they do not want to answer. There is no penalty for anyone who decides not to participate.

Participating in this survey will cause little or no risk to your student. The only potential risk is that some students might find certain questions to be uncomfortable to answer. These questions may be skipped, and your student can stop the survey at any time.

Students are asked about their experiences with many topics, such as:

* nutrition, exercise and sleep habits
* mental health
* alcohol, tobacco and other drugs
* bullying, harassment and interpersonal violence
* extracurricular activities and volunteering

The survey will take one class period or approximately 20 minutes to complete.

**If you do not want your student to take the survey, you do not need to do anything. Only students who have parent permission can participate.**

*Questions?*

If you have questions about the survey, please contact your school principal or superintendent, or send an email to [iowayouthsurvey@hhs.iowa.gov.](mailto:iowayouthsurvey@hhs.iowa.gov) A copy of the Iowa Youth Survey will be available at the school office and/or District Office and is also posted online at the [Iowa Youth Survey](https://hhs.iowa.gov/performance-and-reports/iowa-youth-survey) page.

**Permission Form**

I have read the information provided. I understand that my student(s) participation in the survey is *voluntary*. I also understand that I can [review the survey online](https://hhs.iowa.gov/php/Iowa-Youth-Risk-Behavior-Survey), at the school office and/or District Administration Office. I understand and agree that the information may be shared with approved organizations in a manner that ensures the confidentiality of individual students who have taken the survey.

I **do** want my student(s) listed below to participate in the 2025 Iowa Youth Survey. I understand that my permission needs to be received by the school system no later than September XX, 2025.

**Please return this form to the building principal.**

Names of student(s) who ***will*** participate in the 2025 Iowa Youth Survey:

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Student Name Grade

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Student Name Grade

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Student Name Grade

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Student Name Grade

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Parent/Legal Guardian Signature Date