

2017 Kansas Communities That Care Student Survey Registration Form

Survey Administration: December 1, 2016—January 31, 2017

Online registration is available at www.kctcdata.org. Click Survey Registration.

USD NUMBER: _____ DISTRICT NAME: _____

YES, our district would like to participate in the 2017 survey.

A. Please list the person(s) to receive surveys. **This person(s) will be contacted by Greenbush for survey communication/instruction.** Please list additional contact(s) on reverse side.

Contact Name: _____ Title: _____

Telephone: _____ E-mail: _____

School Name: _____

Mailing Address: _____

City/State/Zip _____

Shipping Address if requesting Paper Surveys (no PO boxes):

_____ City/State/Zip: _____

B. Survey Version (check one):

_____ Comprehensive Version (Contains all questions pertaining to CTC Model of Risk and Protective Factors)

_____ Alternate Version (Excludes 35 family domain questions)

C. Additional Module (optional)

_____ Four-Item Depression/Suicide Questions (Please also complete the attached MOU.)

D. Survey Format (check one):

_____ Paper Format _____ Online Format _____ Both Paper & Online Formats

Please Note: The online survey is also available in Spanish.

E. Enter the Number of Surveys Needed for the District

	6 th Grade	8 th Grade	10 th Grade	12 th Grade
Number of Paper Surveys (English):				
* Number of Online Surveys (English):				
* Number of Online Surveys (Spanish):				

**Please note: Students may use iPads, Android tablets, Macs, Chromebooks, or PCs running Windows Vista or higher (Vista, 7, 8, 8.1, or 10). Windows XP is not supported.*

F. Date(s) of Survey Administration: _____
(Please provide specific date(s) between Dec. 1, 2016 & Jan. 31, 2017.)

I hereby give consent for the information gathered from the Kansas Communities That Care Student Survey in my district to be used in aggregate form only for state and/or national reporting or as requested by credible researchers and approved by Kansas Leadership. I understand that data pertaining to individual districts or schools will **NOT** be identified or reported in isolation in any resulting report or project. **I understand that the district contact named above is responsible for ensuring that survey administration instructions are distributed as needed to schools in the district and that administration protocols are followed.**

Superintendent Signature

Superintendent E-mail

Date

NO, our district does not wish to participate in the 2017 survey.

Please submit online or return this form by November 15, 2016. See reverse for details.

**2017 Kansas Communities That Care Student Survey
Registration Form**

Additional Contact Person

Contact Name: _____ Title: _____
Telephone: _____ E-mail: _____
School Name: _____
Mailing Address: _____
City/State/Zip _____

Additional Contact Person

Contact Name: _____ Title: _____
Telephone: _____ E-mail: _____
School Name: _____
Mailing Address: _____
City/State/Zip _____

Additional Contact Person

Contact Name: _____ Title: _____
Telephone: _____ E-mail: _____
School Name: _____
Mailing Address: _____
City/State/Zip _____

Please submit online or return this form by November 15, 2016 to:

Nancy White
KCTC Survey Coordinator
Southeast Kansas Education Service Center - Greenbush
PO Box 189
Girard, KS 66743

Phone: 620-724-6281
Fax: 620-724-4740
Email: nancy.white@greenbush.org

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**2017 KCTC OPTIONAL DEPRESSION SUICIDE MODULE
MEMORANDUM OF UNDERSTANDING**

Between

USD NUMBER: _____ **DISTRICT NAME:** _____
and Southeast Kansas Education Service Center - Greenbush

USD _____ AGREES TO:

- 1.) Obtain (if not on file already) written consent from parents authorizing their student to participate in the Kansas Communities That Care Student Survey.
- 2.) Allow the students in their district to take the Kansas Communities That Care Student Survey with the addition of the following four questions pertaining to depression and suicide ideation, listed below:
 - During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
 - Have you ever **seriously** thought about killing yourself?
 - Have you ever made a **plan** about how you would kill yourself?
 - Have you ever **tried** to kill yourself?

SOUTHEAST KANSAS EDUCATION CENTER - GREENBUSH AGREES TO:

- 1.) Provide overall data results of the survey in a report made available to school districts that participate. Reports will include data for the four questions above for the district.
- 2.) Continue to track and provide annual survey reports to school districts showing trend changes of youth within the district.

Superintendent Signature _____ Date _____