

2019 Kansas Communities That Care Student Survey Registration Form

Survey Administration: November 5, 2018—January 31, 2019

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

USD NUMBER: _____ DISTRICT NAME: _____

YES, our district would like to participate in the 2019 survey.

A. Primary Contact - Please list the person(s) to receive administration documents and surveys. All listed will be contacted by Greenbush for survey communication/instruction. Please list additional contacts on reverse.

Name: _____ Title: _____

Telephone: _____ E-mail: _____

School Name: _____

Mailing Address: _____

City/State/Zip: _____

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

Address: _____ City/State/Zip: _____

B. Survey Version (check one):

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

Alternate Version (Excludes family domain questions)

C. Additional Module (optional) check one :

Depression/Suicide Module (Four Questions – see <http://kctcdata.org/Docs/DSModule.pdf>)

Yes No

D. Survey Format (check one):

Online Format Paper Format Both Online & Paper Formats

E. Enter the Number of Surveys Needed for the District

		6 th Grade	8 th Grade	10 th Grade	12 th Grade
Online Surveys:	English				
	Spanish				
Paper Surveys:	English				
	Spanish				

F. Date(s) of Survey Administration: _____

(Please provide specific date(s) between Nov. 5, 2018 & Jan. 31, 2019.)

G. 2019 KCTC Reports (please check all that apply):

Send 2019 KCTC reports to:	District Summary & Social Emotional Learning Reports	Depression/Suicide Report
Superintendent	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Contact person(s) listed on form	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Building principals	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

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 a parent signature is required for students to take the survey. 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 2019 survey.

Please submit online or return this form at least 2 weeks prior to your planned survey administration date.

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Contact 2

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

Contact 3

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

Contact 4

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

Contact 5

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

Additional Information: (anything else you would like us to know)

Please submit online or return this form at least 2 weeks prior to your planned survey administration date to:

Nancy White, KCTC Survey Coordinator
Greenbush – The Southeast Kansas Education Service Center
PO Box 189
Girard, KS 66743
Phone: 620-724-6281 • Fax: 620-724-7001
Email: nancy.white@greenbush.org

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