

Dr. Kimberly Sigman*Chief School Administrator***Mr. William Sabo***Interim Business Administrator***Mr. RJ Baumgartner***Vice Principal*

October 16, 2023

Dear Parent or Guardian:

As we continue our health and safety education efforts at Hamburg School, we will be conducting an anonymous student survey, in collaboration with Center for Prevention & Counseling, for students in grades 6th to 12th on their attitudes and behaviors regarding school climate, including school climate, bullying, violence, alcohol and drug use. The survey information will assist us in making informed decisions by providing us with the data we need to evaluate our safety/bullying and drug education programs.

To gather this information, we have chosen a [ISA Surveys questionnaire](#). Please click on the link to review the survey tool. Pride Surveys has over 30 years' experience surveying students in school systems across the U.S. Survey procedures have been developed to protect your child's privacy and allow for **anonymous participation**. While we encourage all students to participate, the decision to participate is voluntary. You may opt to send a refusal for your child's participation by completing the form below and **returning to the main office by October 25, 2023**. There will be no action against you or your child if your child does not participate. Please note, failure to respond to this notice indicates approval of participation of the survey.

A summary of the information gathered will be shared with school administrators and parents when results are obtained and analyzed. If you have any questions regarding the survey, the process, or the manner in which information is shared please contact Rebecca Dorney at the Center for Prevention & Counseling at Rebecca@centerforprevention.org or 908-747-1167.

We appreciate your working with us as we continue our efforts to guide our children towards safe and healthy behaviors.

Sincerely,

Kimberly Sigman

Chief School Administrator

PLEASE CHECK BELOW IF YOU DO NOT WANT YOUR CHILD TO PARTICPATE IN THIS SURVEY:

____ **I do not** give permission for my child, _____ (please, print your child's name), who is in _____(indicate grade #) to fill out the Pride Survey with his/her class at school.

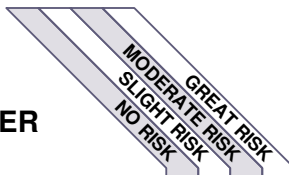
Please print your name (parent or guardian)

Signature of Parent or Guardian

IV. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

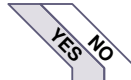
- Neither approve nor disapprove Strongly disapprove
 Somewhat disapprove Don't know or can't say

V. HOW MUCH DO YOU THINK PEOPLE RISK HARMING THEMSELVES PHYSICALLY OR IN OTHER WAYS IF THEY...



| | NO RISK | SLIGHT RISK | MODERATE RISK | GREAT RISK |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Smoke one or more packs of cigarettes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have five or more drinks of an alcoholic beverage (beer, coolers, liquor) once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Take one or two drinks of an alcoholic beverage (beer, coolers, liquor) nearly every day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Smoke marijuana once or twice a week? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Use prescription drugs that are not prescribed to them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

VI. DURING THE PAST 30 DAYS:



| | YES | NO |
|---|-----------------------|-----------------------|
| 1. Did you smoke part or all of a cigarette? | <input type="radio"/> | <input type="radio"/> |
| 2. Have you used an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products? | <input type="radio"/> | <input type="radio"/> |
| 3. Did you drink one or more drinks of an alcoholic beverage? | <input type="radio"/> | <input type="radio"/> |
| 4. Have you used marijuana or hashish? | <input type="radio"/> | <input type="radio"/> |
| 5. Have you used prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you used over-the-counter drugs (to get high)? | <input type="radio"/> | <input type="radio"/> |
| 7. Have you used inhalants (glue, gas, etc.)? | <input type="radio"/> | <input type="radio"/> |
| 8. Have you used prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)? | <input type="radio"/> | <input type="radio"/> |

VII. During the past 30 days, where did you get or buy the e-cigarette, vape pen, or e-liquid rig, that you have used? (Select one or more responses)

- I did not use an e-cigarette in the past 30 days
 A gas station or convenience store
 A grocery store
 A drugstore
 A mall or shopping center kiosk/stand
 On the Internet
 A vape shop or other store that only sells e-cigarettes
 Some other place not listed here
 From a family member
 From a friend
 From some other person that is not a family member or a friend

VIII. If you have ever used a vaporizer which brand did you use?

- I have never used a vaporizer Vuse eGo
 NJOY MarkTen Halo
 Blu Logic JUUL
 Vapin Plus Other

IX. During the past 30 days where did you get any tobacco products? (select one or more responses)

- I did not use any tobacco products in the past 30 days
 A gas station or convenience store
 A grocery store
 A drugstore
 A mall or shopping center kiosk/stand
 On the Internet
 A tobacco/cigar store
 Some other place not listed here
 From a family member
 From a friend
 From some other person that is not a family member or a friend

X. AT WHAT AGE DID YOU FIRST...



| | NEVER USED | 10 OR UNDER | 11 | 12 | 13 | 14 | 15 | 16 | 17 OR OLDER |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Use tobacco? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Drink alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Smoke marijuana (pot, hash, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Use cocaine (crack, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Use inhalants (glue, gas, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Use hallucinogens (PCP, LSD, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Use heroin (opiates)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Use steroids? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Use ecstasy (MDMA)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Use meth (crystal, ice, crank, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Use prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Use over-the-counter drugs (to get high)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Use an e-cigarette, vape pen, e-liquid rig, (JUUL, N2, Joytech etc.) excluding marijuana products? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Use prescription opioid painkillers to get high (OxyContin, Vicodin, Percocet, Codeine etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

XI. OPIOID PAIN KILLERS

- 1. In your lifetime, on how many occasions have you been prescribed an opioid pain killer (OxyContin, Vicodin, Percocet, Codeine etc.) by your doctor/dentist for any reason?**
 Never
 Once
 Twice
 Three times
 Four or more times
- 2. If you have been prescribed opioid pain killers (OxyContin, Vicodin, Percocet, Codeine etc.) have you ever taken more than you were prescribed because you liked the feeling?**
 I have never been prescribed opioid pain killers
 Yes
 No
- 3. Have you ever taken prescription opioid pain killers that were not prescribed to you just because you wanted to?**
 Yes No

XXI. WHILE AT SCHOOL HAVE YOU...(Past Year)

| | NEVER | ONE TIME | 2-5 TIMES | 6 OR MORE TIMES |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Used the Internet or a cell phone to threaten or embarrass someone else by posting mean messages or photos of them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Been threatened or embarrassed by someone using the Internet or a cell phone to post mean messages or photos of you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Carried a knife, club or other weapon? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Threatened a student with a handgun, knife or club? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Threatened to hurt a student by hitting, slapping or kicking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Hurt a student by using a handgun, knife or club? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Hurt a student by hitting, slapping or kicking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Been threatened with a handgun, knife or club by a student? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Had a student threaten to hit, slap or kick you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Been afraid a student may hurt you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Been hurt by a student using a handgun, knife or club? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Been hurt by a student who hit, slapped or kicked you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

XXII. HOW EASY IS IT TO GET...

| | DON'T KNOW/CAN'T GET | VERY DIFFICULT | FAIRLY DIFFICULT | VERY EASY |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Tobacco (cigarettes, cigars, dip, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Alcohol (beer, coolers, liquor, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Marijuana (pot, hash, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Prescription drugs not prescribed to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. E-cigarettes, vape pens, or e-liquid rigs (JUUL, N2, Joytech etc.) excluding marijuana products? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Prescription opioid painkillers (OxyContin, Vicodin, Percocet, Codeine etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

XXIII. ADDITIONAL QUESTIONS

| | | | | | | | | |
|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank you for your participation.