

2007 Arkansas Prevention Needs Assessment Survey School District Agreement Form

Thank you for agreeing to participate in the 2007 Arkansas Prevention Needs Assessment Student Survey (APNA). Please provide us with the following information about your district.

School District: _____
Superintendent: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
E-Mail: _____

Please provide the name of a contact person from your district to coordinate the survey activities:

Contact: _____
Title: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
E-Mail: _____

Unless otherwise noted, surveys will be shipped to the contact person at their address. If different shipping arrangements are needed, please contact Janie Pitcock, Pride Surveys, 1-800-279-6361.

Region # _____ **County #** _____ **District #** _____

School Superintendent: *Please sign and date below to verify that your district wishes to participate in the student survey and (1) commits to survey the district's entire enrollment in grades 6, 8, 10 and 12 and (2) agrees to return all completed surveys for all schools in your district to Pride Surveys by December 1, 2007. Non-compliance could result in the inability of the contractor to return local data reports.*

(Superintendent Signature) (Date)

Please return this agreement form to: The Regional Prevention Resource Center Fax: () _____
or to Alcohol and Drug Abuse Prevention's Fax: (501) 686-9396.

You will need to fill out the information for each building that has grades 6, 8, 10, and/or 12 in it.

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Comments: _____
