

2009 Arkansas Prevention Needs Assessment Survey School District Agreement Form

Thank you for agreeing to participate in the 2009 Arkansas Prevention Needs Assessment Student Survey (APNA). Please provide us with the following information about the district.

School District: _____

Superintendent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Please provide the name of a contact person from the 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, ISA/dba Pride Surveys, 1-800-279-6361.

Region # _____ County # _____ District # _____

School Superintendent: Please sign and date below to verify that the 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 the district to ISA/dba Pride Surveys by December 1, 2009. 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

