

2016 Kentucky Incentives for Prevention (KIP) Student Survey

Memorandum of Understanding

School District Name: _____

This agreement serves as a commitment by the above named school district to participate in the 2016 KIP Student Survey. This agreement also outlines conditions to be met by the above named district as it relates to the administration of the KIP 2016 Student Survey.

The District agrees to the following conditions:

Survey Administration:

- 1) It will provide one district-level contact person to coordinate the KIP 2016 Student Survey, and provide this person's name, telephone number, and e-mail address to the evaluation contractor.
- 2) It will identify a liaison person for each participating school.
- 3) It will provide all staff for planning and administering the survey.
- 4) Consistent with current practice, the school district hereby agrees to utilize the passive consent model involving both general and specific notification to parents. Parents will be informed about the content and rationale of the survey, that they have the right to inspect the test, and that they can opt out of the testing. Steps will also be taken to insure that students are told that they are not required to participate, and that no coercion or consequence will occur if they so choose.
- 5) It will distribute passive consent notices to parents at least two weeks prior to the administration of the survey.
- 6) It will maintain a list, by classroom, of parental objection forms, and review these with survey administrators on the survey date to ensure that these students are given something else to do during the period of the survey.
- 7) It will ensure that all teachers and staff members involved in administering the survey adhere to all confidentiality standards and administration protocols.
- 8) It will obtain a signed confidentiality agreement from each person involved in the administration of the survey, from the classroom level up to the district coordinator.
- 9) It will provide the opportunity for all students in grades 6, 8, 10, and 12 to participate in the KIP 2016 Student Survey.
- 10) It will complete a Classroom Report Form for each participating classroom.
- 11) It will complete online administration of the survey no later than **November 18, 2016**.
- 12) It will package the completed surveys and contact the evaluation contractor, REACH of Louisville, to arrange for UPS pick-up (if using the paper administration) no later than **November 18, 2016**.

Cost:

- 1) There is **no cost to the school district** for materials, shipment, scanning, scoring, analysis, interpretation, report writing or report production. These costs are paid by the Division of Behavioral Health within the Cabinet for Health and Family Services.
- 2) School districts will not use USDOE funds (e.g., Safe and Drug Free Schools) to pay for any costs associated with the KIP survey.

The evaluation contractor designated by the Division (REACH of Louisville, Inc.) agrees to the following conditions:

- 1) It will provide each district with a KIP training manual and technical assistance.
- 2) It will provide all forms associated with the administration of the survey.
- 3) It will provide survey materials for each participating student.
- 4) It will process all returned forms, analyze the resulting data, and interpret the results.
- 5) It will provide a web page offering technical assistance such as downloadable KIP forms and materials.
- 6) It will produce a school district report for each superintendent which reports percentage response patterns by grade.
- 7) If a district requests additional reports on individual schools, or groups of schools, and the district makes arrangement for special handling of the groups of surveys, REACH will produce the additional reports at a cost.

Assurance of Confidentiality:

The evaluation contractor designated by the Division will not publish district or school level reports. However, under the Freedom of Information Act, any outside agency can request district reports. The Division and contractor will recommend to requesting parties that they contact school district representatives directly, and will inform the district representative in a timely manner of any such request.

By signing this document you maintain that you have read and understood it, that your district will comply with the conditions as they apply to your school district, and that you confirm your school district's agreement to conduct the survey according to the quality assurance protocols specified. You also confirm your understanding that you are participating in either the web-based or paper-based survey. If you choose the online version, you are confirming that the schools in your district have adequate computer capacity to support this version of the survey.

School District Superintendent

Signature

Printed Name

Address: _____

E-mail address: _____

Telephone: _____

