

**\*\*\* I M P O R T A N T \*\*\***

The following information is critical for establishing the validity of this survey. Please complete the following information before returning your survey materials:

District Number: \_\_\_\_\_ School Number: \_\_\_\_\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Survey Date: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

Number of Students in the Class: \_\_\_\_\_

Number of Students Absent: \_\_\_\_\_

Number of Students Refused: \_\_\_\_\_

Number of Parent(s) Refused: \_\_\_\_\_

Number Completed: \_\_\_\_\_

**Thank you for your help.**

To help protect student privacy, **please return this packet to your school coordinator** immediately following the completion of the survey.

**Bach Harrison, L.L.C.**  
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