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**EL DORADO UNION HIGH SCHOOL DISTRICT**

BOARD OF TRUSTEES

*“Staking a Claim in our Communities’ Future”*

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October 2025

Your student is being asked to take the California Healthy Kids Survey (CHKS). Participation in the survey is voluntary on the part of the student, and we hope that you will encourage your student to participate. This survey provides staff with data to promote better health and well-being among our youth, improve the school learning environment and combat problems such as drug abuse and violence. Every year, students in grades 9 and 11 in the El Dorado Union High School District take the CHKS.

**Survey Content**. The survey gathers information on developmental support provided to youth; school connectedness and barriers to learning; school safety; and health-related concerns such as physical activity and nutritional habits; alcohol, tobacco and other drug use; and risk of depression and suicide and perceived sexual orientation.

The results from this survey are compiled into district and county-level CHKS reports. To view a copy of the El Dorado Union High School District report, go to <https://calschls.org/reports-data/search-lea-reports/> (Outside Source) and type in the district name.

**It is Voluntary**. Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer, and may stop taking the survey at any time.

**It is Anonymous**. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

**Administration**. The survey will be administered during the month of November. It will take about one class period to complete and will be administered in your student’s English or history class.

If you wish to view the survey, you may do so at the school office or on-line by visiting the District’s website: [http://www.eduhsd.k12.ca.us/CHKS.](http://www.eduhsd.k12.ca.us/CHKS)

If you have any questions about the survey, please contact your school’s Principal or Guidance Counselor. If you do not want your student to participate in the CHKS, please return this form to your school’s Principal by **October 24, 2025**

**No action is required for your student to participate in the survey.**

**CHKS Withdrawal Form**

**(Please return to Principal prior to October 24, 2025)**

**I *do not* *give permission* for my student to participate in the California Healthy Kids Survey.**

**My Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Student’s Grade: \_\_\_\_\_\_\_\_\_\_**

**My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**My Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_