

For Office Use Only
District or Group: _____
CTDS: _____

2018 ARIZONA YOUTH SURVEY
School Information Form

School Name: _____

School Phone: _____ Fax: _____

School Address (Physical): _____

School Address (Mailing): _____

*Note: Survey materials cannot be sent to P.O. Boxes.

City: _____ Zip Code: _____ County: _____

Estimated Number of Students Participating:

8th Grade: _____
10th Grade: _____
12th Grade: _____
Total: _____

(1) Primary Contact Person for Survey Administration: _____

Title _____ Email _____

Phone _____ Fax _____

(2) Secondary Contact Person for Survey Administration: _____

Title _____ Email _____

Phone _____ Fax _____

(3) Principal: _____ Phone _____

Email _____

THE SURVEY WILL BE AVAILABLE FOR ADMINISTRATION FROM FEBRUARY 1ST - MAY 18TH, 2018.

DESIRED SURVEY ADMINISTRATION DATE: _____

How would you like to administer the survey? PAPER ONLINE

Please indicate which contact(s) should receive a copy of your school report containing results from the 2018 AYS.

Primary Contact Secondary Contact Principal

If you would like your name withheld as a participating school from public requests about AYS please check here

Please return form to:

Arizona Criminal Justice Commission
Statistical Analysis Center
Phone: 602-364-1157
Fax: 602-364-1175
AYS@azcjc.gov