



KIP 2026 Memorandum of Understanding

School District Name:

After selecting your school district, please click on your corresponding ID code.

DISTRICT NAME	Bellevue Independent
DISTRICT NO.	032

This agreement serves as a commitment by the above-named school district to participate in the 2026 Kentucky Incentives for Prevention (KIP) Youth Survey. This agreement also outlines conditions to be met by the evaluation contractor, REACH Evaluation, and the above-named district as it relates to the administration of the KIP 2026 Youth Survey.

The District agrees to the following conditions:

Survey Administration:

1. Provide **one** district-level contact person to coordinate the 2026 KIP Youth Survey, and provide this person's name, telephone number, and e-mail address to the KIP survey evaluation contractor (REACH Evaluation).
2. Identify a liaison for each participating school.
3. Provide all necessary staff for planning and administering the survey.
4. Utilize an **active consent** model involving both general and specific notification to parents that requires explicit parental permission for student participation in the survey. Parents will be informed about the content and rationale of the survey and that they have the right to inspect the survey. Parents will have the opportunity to provide permission that allows their student to participate.
5. Distribute active consent notices, including a KIP Youth Survey Fact Sheet, a notification letter from the district that the school is offering the survey, and a permission form to parents at least **two weeks prior** to administration of the survey.

6. Provide the opportunity for all students **learning in-person only** in grades 6, 8, 10, and 12, with signed parental permission forms, to participate in the 2026 KIP Youth Survey.
7. Ensure that students are informed that they are not required to participate and that no coercion or consequence will occur if they decline to participate.
8. Maintain a list, by classroom, of submitted permission forms, and review this list with survey administrators on the survey date to ensure that students not participating are given something else to do during the time the survey is being administered.
9. It will ensure that all teachers and staff members involved in administering the survey adhere to all confidentiality standards and administration protocols.
10. Obtain a signed confidentiality agreement from each person involved in administration of the survey, including staff at the classroom level up to the district coordinator.
11. Complete a Classroom Report Form for each participating classroom.
12. Complete online administration of the survey no later than **November 20, 2026**.

Administration Cost:

1. Do **not** use US Department of Education funds (e.g., Safe and DrugFreeSchools) to pay for any costs associated with the KIP survey. There is **no cost to the school district** for materials, scoring, analysis, interpretation, report writing, or report production. These costs are paid by the Department for Behavioral Health, Developmental and Intellectual Disabilities, Division of Substance Use Disorder (DSUD).

The KIP survey evaluation contractor (REACH Evaluation) designated by DSUD will support the district in the following ways:

1. Provide each district with a KIP training manual and technical assistance.
2. Provide all forms and documents associated with administration of the survey.
3. Analyze survey data and interpret the results.
4. Provide a web page offering technical assistance, such as downloadable KIP forms and materials.
5. **For school districts that meet minimum participation requirements necessary to ensure confidential and valid data,**

produce a school district report for each superintendent that reports percentage response patterns by grade.

6. Produce additional reports on individual schools, or groups of schools, when the district makes arrangements for special handling of the groups of surveys, at a small cost.

Assurance of Confidentiality:

The KIP survey evaluation contractor (REACH Evaluation) designated by DSUD will not publish district or school level reports. However, under the Freedom of Information Act, any outside agency can request district reports. In such instances, DSUD and the evaluation 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, that your district will utilize an active consent process, 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 your district will utilize the web-based survey platform to administer the survey to students learning in-person only. You are further confirming that the schools in your district have adequate capacity to support the web-based survey.

School District Superintendent Signature: *

Clear

Sign name using mouse or touch pad

Signature of

Misty Middleton

School District Superintendent Name: *

First Name

Misty

Last Name

Mailing Address

City

State

Zip

Email Address

Phone Number

School District **KIP Coordinator Name: ***

First Name

Last Name

Mailing Address

City

State

Zip

Email Address

Phone Number

8593412473

School Participation

Please list the number of students currently enrolled in each grade level of each school in this district.

	School Name	# 6th Grade	# 8th Grade	# 10th Grade	# 12th Grade	TOTAL #Students
1	BMI	30	25	33	46	134
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

	School Name	# 6th Grade	# 8th Grade	# 10th Grade	# 12th Grade	TOTAL #Students
15						
16						
17						
18						
19						
20						

Does your district have more than 30 schools participating in the 2026 KIP Student Survey?

☐ Yes

☒ No

Kentucky Regional Prevention Centers: Authorization to Release Results

Kentucky's Regional Prevention Centers (RPCs) assist communities in developing and implementing comprehensive plans to prevent alcohol, tobacco, and other drug (ATOD) use and misuse. Fourteen centers are available to serve all counties in the state. Prevention specialists at each center provide education and training programs, information, and consultation services. KIP Survey data is a powerful tool in these efforts.

Would you like to authorize release of your district's 2026 KIP Survey results to your Regional Prevention Center (RPC)? *

☒ Yes

☐ No

For assistance with prevention efforts in your school or community, you can contact the Prevention Center in your region. Contact information is available here: <https://www.reacheval.com/rpc-map-and-contacts>

Please submit this form no later than August 31, 2026.

For further information or questions regarding the KIP 2026 Student Survey, contact:

KIP Survey Project Director Lisa Crabtree
lisa@reacheval.com



REACH Evaluation | 501 Park Avenue | Louisville, KY 40208 | Phone:
502.585.1911; Fax: 502.589.1582

Submit

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