

# Confirmation of Engagement for Adolescent Health Survey

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm your engagement in the Adolescent Health Survey, scheduled to take place on [Insert Date of Survey]. Your participation is vital in helping us gather essential data to improve health outcomes among adolescents in our community.

The survey aims to assess various health-related behaviors, attitudes, and challenges faced by adolescents. Your insights will contribute significantly to our understanding and the development of effective health programs.

Please find attached further details regarding the survey process, including the location, time, and guidelines for participation. If you have any questions or require additional information, feel free to reach out to us at [Insert Contact Information].

Thank you for your commitment to enhancing adolescent health in our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]