



**CHANGE
FOR KIDS**

OUR SCHOOLS
OUR CITY
OUR FUTURE

Parent/Guardian Active Consent Request

Permission to Participate in a Student Self-Assessment

Dear Parent or Guardian,

Change for Kids (CFK) is a non-profit organization that partners with P.S. 329 to provide resources that support their school experience. CFK has developed a student self-assessment to measure the learning skills of youth in grades three through five. We are asking for your child to participate in this self-assessment.

What the student self-assessment is about: If your child participates, he or she will be asked to complete a brief survey in the fall 2018 and again in the spring 2019, and it will last about 10-15 minutes. The assessment asks questions in areas such as creativity, critical thinking, communication, collaboration, and engagement. All evaluation activities will take place at your child's school.

Taking part is voluntary and there are no known risks: Your decision whether or not to provide permission and your child's answers to any questions will not affect you or your child's relationship with the school or the programs that your child attends. Participation in this self-assessment is not required and your child may decide not to participate at any time. Note that upon receiving the assessment your child will also have the opportunity to decline to participate. The responses provided by your child to any questions will be kept confidential by CFK.

The data collected will assist _____ to respond to the needs of students in the above mentioned areas.

If you have questions: If you have any questions about the self-assessment or your child's participation, you may contact me at Nyisrael@changeforkids.org or 212-213-8061.

Thank you,

Nayah Yisrael

Director of Education

Please complete the form on the next page to indicate whether or not you are willing to have your child participate in this assessment and return.

You may keep this letter for your records. Thank you very much!



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P.S. 329

Student Self-Assessment

Parent/Guardian Consent Form

Child's Name: _____ Class

[Check one of these boxes and sign/date the space below the box that you checked.]



YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE.

I have read the above information and I give permission for my child to participate in this survey

Parent's/Guardian's Signature: _____ Date: _____



NO, I DO NOT WANT MY CHILD TO PARTICIPATE.

I have read the above information and I DO NOT give permission for my child to participate in this survey

Parent's/Guardian's Signature: _____ Date: _____