

This form only needs to be returned if you do **NOT** want to participate.

POSSIP Biweekly Parent SURVEY

PARENTAL "OPT OUT" FORM

Our school is taking part in the POSSIP Parent Survey. The survey is designed to provide parents with an opportunity to share their thoughts about our school program and help us to become a better school. The survey is sent via text message to our parents biweekly. The survey takes about 5 minutes to complete.

The survey has been designed to protect your privacy. The survey is anonymous so **parents will not put their names on the survey**. Also, no parent or student will ever be mentioned by name in a report of the results. Although your child may not benefit immediately from taking part in the survey, all children will ultimately benefit from the information collected that will guide the development and implementation of programs designed to increase their achievement.

We would like all our parents to take part in the survey. However, the survey is voluntary. Completing the survey will cause little or no risk to you or your child. No action will be taken against you, or your child, if you do not take part. In addition, parents may stop participating in the survey at any point without penalty..

If you do **not** want to take part in the survey, (1) check the box below, (2) electronically sign the form and date it, and (3) return it to the school.

You do not need to return this form if you would like to participate.

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Parent's name (please print) _____
Child's name (please print) _____ Grade _____

I have read this form and **do not** wish to participate in this survey.

Parent's signature _____ Date _____

