

Student Voice

PARENT WAIVER

Dear Parent or Guardian

During the 2015 -2016 school year, your child will have the opportunity to complete the Student Voice survey. This **anonymous** assessment allows students an opportunity to give feedback on specific aspects of his or her classroom experience. The survey takes approximately 10 – 20 minutes to complete and will be conducted during the school day.

The purpose of the survey is to provide an opportunity for all Kentucky students to have a voice in their classroom experience. Survey results are intended for the teacher to use for self-reflection and as a tool to help guide professional practice. Teachers want to know if their students feel sufficiently challenged, engaged, and comfortable asking them for help.

If you do **not** want your child to take the Student Voice survey, please complete, sign, and return this form to your child's school by _____.

I DO NOT want my son/daughter to participate in the Student Voice survey.

Parent Signature

Date

(Print) Student Name

Teacher's Name

