

*Below is an example of what a parent/guardian opt-in form may look like. It is intended to provide an example and is not a required format.*

Student Survey Opt-In Form

Dear Parent or Guardian,

[SCHOOL NAME] has been selected by the Colorado Department of Education to receive a [INSERT DOLLAR AMOUNT] grant to prevent bullying and educate students and parents about our efforts. This exciting opportunity means that [SCHOOL] will receive monetary support to purchase an evidence-based bullying prevention program, hire a coach to help implement the program, and educate students and parents about bullying.

As part of this opportunity, students will be given the chance to complete a brief survey about their experiences at school. The questions on the survey relate to peer relationships, how safe students feel at school, and the quality of student-teacher relationships. **All questions are voluntary**.

**No personally identifiable information will be collected.** All data will be compiled to provide averages. This means that no answers provided by a specific student will be able to be accessed.

**Risks** There is minimal risk in participating in the survey; however, some students may feel uncomfortable answering questions about peer and teacher relationships. To minimize this discomfort, the survey is completely anonymous and all questions are voluntary.

**Benefits** Participation in the survey will help inform a more effective bullying prevention program and thus improve the safety, social and emotional skills, and wellbeing for all students. For example, students may report that teasing happens most frequently in a certain area of the school. Staff can use that information to provide additional school monitors in those areas.

For more information about the survey that [SCHOOL] will be using, you can visit the website for the survey at: [SURVEY WEBSITE]

If you agree to allow your child(ren) to complete the survey, please complete the information below and return this sheet to the main office.

Thank you for your cooperation.

|  |  |
| --- | --- |
| Student(s) Name(s) |  |
| Parent/Guardian Name |  |

* (Check) I give my permission to allow my child(ren) to participate in the student impression survey.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |  |