

*Washington Assessment of the Risks and Needs of Students*

**PARENT OR GUARDIAN CONSENT FORM**

**PURPOSE OF THIS SURVEY:** This survey asks your child about past and current experiences in his or her life. The purpose of the survey is to help adults at your child's school or agency better understand the risks and needs of students in order to develop better programs that promote social, emotional, and educational development.

**WHAT YOUR CHILD WILL DO:** If you and your child decide to participate, your child will be asked to complete one survey which will take approximately 15 – 20 minutes. The questions will ask about past and current experiences. Some questions are personal. If you or your child don't want to answer them, those questions can be skipped or the survey can be ended. Your child's identity will not be associated with his or her answers.

**RISKS:** Some of the questions may cause discomfort or embarrassment. If your child feels upset after the survey, the school or agency is required to have someone available to help them.

**BENEFITS:** There are no direct benefits to you as a parent. Your child may find it interesting to complete this survey. With your child's information, your school or agency may be able to find or develop better programs to promote social, emotional, and educational development. To your child, it may help them think about the things that are bothering them or habits that they have that they want to consider changing. The information provides them a benefit of self-reflection.

**CONFIDENTIALITY:** Your child's answers will be CONFIDENTIAL. Only an identification number will appear with your child's answers. Your school or agency will know your child's identification number. Your school or agency will keep all answers in a locked drawer or on a secure computer while in their possession. Your child's answers will be sent to Washington State University (WSU) for processing, analysis, and storage as ANONYMOUS data. Answers will be stored on a secure computer protected by WSU. Your child's identity will NOT be sent to WSU, and no employees at WSU will have access to information that connects your child with his or her identification number.

**PARTICIPATION AND WITHDRAWAL:** Your child's participation is completely voluntary, and he or she does not have to participate. There is no penalty or loss of benefit by not participating, except that your school or agency may not be able to help students as well. Your child may stop participating at any time.

I agree \_\_\_\_\_ do not agree \_\_\_\_\_ to have my child take the survey.

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your child's name: \_\_\_\_\_

Questions or Concerns? Please contact someone at your school or agency. Ask your child's teacher or counselor.