

## **Challenge Success Survey of Adolescent School Experiences**

### **Information Sheet Regarding Survey Participation**

**DESCRIPTION:** Your child is invited to participate in a **survey of** students' social, emotional, and physical well-being, as well as students' educational goals and their views on the academic climate and expectations at their school and at home. This survey is being administered at Ecker Middle School January 2018.

**TIME INVOLVEMENT:** Your child's participation will take approximately 30-45 minutes.

**RISKS AND BENEFITS:** There are no risks to your child's involvement in the survey, and the benefits may be that results will provide insight into decreasing academic stress, increasing student engagement, and fostering greater student voice in school. Your decision whether or not to have your child participate in this survey will not affect your child's grades in school.

**PAYMENTS:** You or your child will not receive payment for your participation.

**STUDENT AND PARENT RIGHTS:** If you have read this form and have decided to allow your child participate in this survey, please understand that your child's **participation is voluntary** and you and your child have the **right to withdraw your consent or discontinue participation at any time without penalty. The alternative is not to participate.** Your child has the right to refuse to answer particular questions. Your child's individual privacy will be maintained in all data resulting from the survey. However, if your child shares information on the survey that makes us think there is a risk to their safety or someone else's safety, school administration will be notified.

Parents can view a copy of the survey questions at Ecker Hill Middle School from December 11 to December 20, 2017 or via this link:

LINK: <http://www.challengesuccess.org/schools/school-surveys/middle-school-survey/>

PASSWORD: parkcityunified

**Please return a signed copy of this form to Ecker Middle School no later than Tuesday, January 2, 2018.**

**CONTACT INFORMATION:**

*Questions:* If you have any questions or concerns about this survey, please contact Dr. Kathleen Einhorn ([keinhorn@pcschoools.us](mailto:keinhorn@pcschoools.us)) or Principal Evans ([tevens@pcschoools.us](mailto:tevens@pcschoools.us)).

**This is an opt in form. If you agree to have your child participate in this research, you should return this form no later than January 2, 2018.**

\_\_\_\_\_ I give consent for my son/daughter to be a part of this survey.

Please print name and sign on the line below:

Parent /Guardian's Name: \_\_\_\_\_

\_\_\_\_\_

Child's Name : \_\_\_\_\_

Child's Name : \_\_\_\_\_

Date: \_\_\_\_\_