



Parent/Guardian Permission for Comprehensive School Counseling Program Systemic Needs Assessment

Student: _____ Date: _____

Parent/Guardian: _____ Grade: _____

The Comprehensive School Counseling Program is dedicated to providing effective College- and Career-Readiness planning, dropout prevention with social/emotional supports, and collaborative classroom instruction to your student and the school community. To help in the planning process, the school counseling center conducts a systemic needs assessment every three years. The needs assessment helps school counselors plan their program based on the needs identified by the students, parents, and faculty of the school. Input from students is essential to address their perceived needs.

The systemic needs assessment is anonymous but does ask demographic information in order to disaggregate the information collected. Question topics involve college- and career- readiness plans, stress management, and other academic indicators.

The intended use of the assessment is to gather data and design a program to address the prominent needs of the school. General information that is gathered may be shared with school and district faculty and staff. No students will be identified individually but data may be disaggregated by individual populations such as gender, age, race, or first generation college student status. The survey is available for you to view at your school and at the following URL:

<http://www.ctesurveys.com/CTESurvey/ViewSurvey?PointerId=651&SchoolId=163>

PERMISSION AND CONSENT

I, as parent/legal guardian, give consent for my student to participate and use the Comprehensive School Counseling Program Systemic Needs Assessment.

I further agree that permission is valid for the 2016-17 school year unless a written withdrawal of authorization is submitted to the school Principal by the authorizing parent or guardian. The Utah Family Education Rights and Privacy Act provides that this authorization is valid only for the activity for which it was granted unless otherwise agreed to by the parent or guardian.

Student Name (Please Print) _____

Your Name (Please Print) _____

Relationship to the student (Please Print) _____

Your Signature _____

Date _____