

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 to gather data to create a meaningful truancy intervention for your child and aid your child's school or agency 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 your child doesn't want to answer them, those questions can be skipped or the survey can be ended. Your child's teacher or counselor will have access to your child's answers. He or she will use this information to create meaningful interventions for your child. 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 select appropriate, meaningful interventions to assist your child and other students. 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. 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. A summary sheet denoting a "low", "medium", or "high" risk may be provided in a truancy proceeding (SSHB 1170, Ch. 291 Laws of 2017).

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 your child and other 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 child's school or agency. Ask your child's teacher or counselor.

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STUDENT CONSENT FORM

PURPOSE OF THIS SURVEY: To understand your experiences in and out of school and select meaningful interventions. Your information may also be used so better programs can be developed to help you and other students.

WHAT YOU WILL DO: If you decide to participate, you 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 don't want to answer them, just skip those questions or end the survey. Your teacher or counselor may wish to review your answers with you and select interventions that may help you.

RISKS: Some of the questions may cause discomfort or embarrassment. If you feel upset after the survey, someone is available to help you. Ask your teacher or counselor who is there with you.

BENEFITS: You may find it interesting to complete this survey. Your answers may help your teacher or counselor understand you better and assist them in selecting meaningful interventions and programs to help you. To you, it may help you think about the things that are bothering you or habits that you have that you want to consider changing. The information provides you a benefit of a self-reflection.

CONFIDENTIALITY: Your answers are CONFIDENTIAL. Only an identification number will appear along with your answers. Your school or agency will know your identification number. Your teacher or counselor will keep your answers, and a list linking your name and identification number, in a locked drawer or on a secure computer. Your answers will then be sent, without your name, to Washington State University for storage on a secure computer. The answers at WSU are anonymous. There is no way to determine your identity from your answers. A summary sheet denoting a "low", "medium", and/or "high" risk may be provided in a truancy proceeding (SSHB 1170, Ch. 291 Laws of 2017).

PARTICIPATION AND WITHDRAWAL: Your participation is completely voluntary, and you don't 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 you as well. You may quit at any time.

Student's signature: _____ Date: _____

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