

CONSENT FOR THE LOCAL CONTROL ACCOUNTABILITY PLAN (LCAP) STUDENT SURVEY
2018-19 SCHOOL YEAR
ELEMENTARY SCHOOL

Dear Parent or Guardian:

Your child is being asked to be a part of our school's Local Control Accountability Plan (LCAP) Survey. This is a very important survey that will help improve the school learning environment. *Your child does not have to take the survey. Participation is voluntary and requires your permission.*

Survey Content. The survey gathers information on student perception of safety and school connectedness.

You may examine the questionnaire on the Rocklin Unified School District website at rocklinusd.org.

The results from this survey are compiled into district and school-level reports and will be used to improve learning through the development of district goals and actions in the Local Control Accountability Plan.

It is Voluntary. Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer, and may stop taking the survey at any time.

It is Anonymous. No names are recorded or attached to the survey or data. The results will be made available for analysis only under strict confidentiality controls.

Administration. The survey will be administered during the week of October 1-12, 2018. It will take about 20 minutes to complete and will be administered in your child's regular class.

For Further Information. The survey was developed by Rocklin Unified School District utilizing some questions from the California Healthy Kids Survey developed by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call Melanie Patterson at 916.630.3301 or email mpatterson@rocklinusd.org

Parent Consent Form for the LCAP Student Survey

Please check below whether you grant permission, sign, and return this form within three days to the teacher who distributed it.

☐ I **give permission** for my child to be in the LCAP Student Survey.

☐ I **do not give permission** for my child to be in the LCAP Student Survey.

Signature: _____ Date: _____

My child's name is: _____

(Please Print)

THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT FORM.