

# Johnson County School System

## Notification of Survey, Analysis, or Evaluation & Consent Form

6.4001.3

1 Dear Parent/Guardian:

2 This is to notify you that a survey, analysis, or evaluation is being conducting at your child's school,  
3 and you have the right to inspect certain documents and determine whether to allow your child to  
4 participate in the research listed below.

5 Description of survey, analysis, or evaluation: \_\_\_\_\_

6 \_\_\_\_\_

7 Purpose of survey, analysis, or evaluation: \_\_\_\_\_

8 \_\_\_\_\_

9 List the individuals who would have access to the results: \_\_\_\_\_

10 \_\_\_\_\_

11 Date of survey, analysis, or evaluation: \_\_\_\_\_

12 If you would like to inspect this survey, analysis, or evaluation, please contact the school where your  
13 child is enrolled by **[insert required response date]** \_\_\_\_\_. If you would like your child to  
14 participate in this survey, analysis, or evaluation, please fill out the consent form attached and return to  
15 **[insert employee]** \_\_\_\_\_ by **[insert required return date]** \_\_\_\_\_. If we do not hear  
16 from you by this date, we will assume that you object to your child participating in this research.

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1  
2 **PARENT/GUARDIAN CONSENT FORM**

3 \_\_\_\_\_  
4 Name/Description of Survey, Analysis, or Evaluation

5 \_\_\_\_\_ My child has my approval to participate.

6 \_\_\_\_\_ I do not want my child to participate in the survey, analysis, or  
7 \_\_\_\_\_ evaluation listed above.

By signing below, I am giving my written, informed, and voluntarily signed consent to allow my child to participate in the survey, analysis, or evaluation.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student (if eighteen (18) years or older)

\_\_\_\_\_  
Date