

Parental Request for Excusal from Panorama Wellness Survey Participation

The Panorama Wellness Survey is designed to assess and support the individual needs of students in grades 3-12. The survey takes approximately 10 minutes. In this survey students are asked questions regarding their feelings of safety, well-being, emotions, coping skills, and access to resources. This is not an anonymous survey. Because it is not anonymous, we are able to assess immediate needs for students and respond. For students with non-emergent support needs, this survey allows us to know what resources to provide. Student responses are only shared with school counselors, school administrators, and designated D51 Student Services staff so that they may respond to student needs and requests in a timely manner. ***The trusted adult question is an exception to this data-sharing protocol: The school principal may share the data from the trusted adult question with internal school staff to ensure strong relationships between staff and students and to help those students who don't indicate they have a trusted adult at school that they can talk to.***

This survey is given yearly in the fall to students in grades 3-12.

After you preview the contents of the survey, if you wish to opt your student(s) out of the Panorama Wellness Survey, please fill out one form for each student and return to the office at your student's school(s). If you are unable to deliver this form to your child's school, contact your child's school for an electronic delivery option. We will not be able to transfer this information from one school to another. This form must be returned prior to the start of the survey window or we cannot guarantee your student will not be surveyed.

After reviewing the information provided, I do not want my child, listed below, to complete the survey.

If you are opting your child out of the survey, please make sure to tell them so they are not surprised at the time the survey is given.

Print Student Name	Student ID/Lunch #	School

By signing below, I certify I have educational decision-making authority regarding this student. I elect to excuse my student from the Panorama Wellness survey. Please return this signed form to your child's school. If you are unable to deliver this form to your child's school, contact your child's school for an electronic delivery option.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date

PRINT

CLEAR FORM