Texas Education Agency

Advancing Wellness and Resiliency in Education

School Name: _____ **Address:** _____

Sample Passive Consent Form

Dear Parent/Guardian:

Your child has been invited to participate in _____ program, which takes place within a series of sessions (*description of who the sessions will be held by*). The _____program is designed to (*add a description of the program; example: build resiliency among children and provide a safe learning environment).*

(A paragraph or statement that provides a more in-depth description of the program being delivered to their student and why)

Alternatives and Benefits

If you consent to your child's participation in this program, we wish to use information your child provides before and after participating in the program to ensure that the program is effective. To this end, we will ask your child to complete a survey before and after participating in the program.

Your child does not have to take the surveys. If you do not want your child to take the surveys, your child may still participate in the program with the rest of the group. Taking the surveys may help your child think about what your child has learned during the program. Your child's participation will help improve programming for future participants.

Confidentiality

Any information about your child that is obtained as a result of their participation in this program will be kept as confidential as legally possible. We may share your child's data, but no identifying information will be shared, with an external evaluator for the sole purpose of obtaining external assessment of the program's effectiveness.

Risks and Discomforts

There are no known or expected risks to your child from taking the survey. Your child will not have to complete any questions he/she feels uncomfortable answering.

Voluntary Participation

Refusal to participate or withdrawal from the survey will not affect your child's opportunity to participate in the program and will involve no penalty to you.

In addition, if you would like to discuss problems or concerns, have suggestions related to this program, or would like to offer input, please contact _____ at _____.

Sincerely,

If you <u>do not want</u> your child to participate in the evaluation survey, please sign below and return to the contact above.

_____	_____	_____
Printed Name of Child	**Parent/Guardian Signature**	**Date**