

*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 after two unexcused absences. The survey will also aid your child’s school or agency to develop better programs that promote social, emotional, and educational development.

**WHAT YOUR CHILD WILL DO:** 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 truancy interventions for your child. Any individual, school, or agency is required to use this information only in your child’s best interests.

**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:** The survey results may aid your child’s teacher or counselor in selecting appropriate, meaningful interventions. With your child’s information, your school or agency may be able to find or develop better programs to assist your child and other students.

**CONFIDENTIALITY:** Your child’s answers will be kept confidential. Your school or agency will keep all answers in a locked drawer or on a secure computer while in their possession. Answers also will be sent to the Washington State Administrative Office of the Courts (AOC) for processing, analysis, and storage. Only an identification number will appear with your child’s answers. Answers will be stored on a secure computer protected by the AOC. Your child’s identity cannot be determined from any information stored by the AOC unless you give your permission below. If you agree to have your child’s identity known to the AOC, it will only be used to follow your child’s progress for research purposes. Your child’s information will only be available to a small number of research staff, will not be released for any other purposes, and will not become part of any court record.

**PARTICIPATION AND WITHDRAWAL:** Your child’s participation is 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.

I agree \_\_\_\_\_ Do not agree \_\_\_\_\_ to have my child’s identity released to the AOC for research purposes.

Parent or Guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your child’s name: \_\_\_\_\_

**Questions or Concerns?** Please contact: [warns@courts.wa.gov](mailto:warns@courts.wa.gov) or your child’s school or agency.

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**STUDENT CONSENT FORM**

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

**WHAT YOU WILL DO:** 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. Your teacher or counselor will use your information to 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.

**BENEFITS:** Your answers may help your teacher or counselor understand you better and assist them in selecting meaningful interventions to reduce your absenteeism.

**CONFIDENTIALITY:** Your answers will be kept confidential. Only a unique identification number will appear on any forms with your answers. Only adults who want to help you will see your answers. 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 also be stored on a secure computer protected by the State of Washington. Your name will not be stored with your answers on any computer unless your parent gave permission.

**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 teacher or counselor may not be able to help you as well. You may stop taking the survey at any time.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions or Concerns?** Please contact: [warns@courts.wa.gov](mailto:warns@courts.wa.gov).  
You may also contact someone at your school or agency. Ask your teacher or counselor.