



Dear Parent or Guardian,

During 2014-15 school year, your child will have the opportunity to complete a survey at school called the Kentucky Student Voice Survey. This **confidential** survey allows students the opportunity to give feedback on specific aspects of his or her classroom experience. The purpose of this survey is to provide valuable information for educators who are working to improve classroom and learning conditions as well as how they teach as part of the Professional Growth and Effectiveness System.

Thank you for allowing your child to participate in this important survey. The survey will be conducted during school hours only. If you do **not** want your child to take this survey, please sign and return this form to your child's school by _____.

Again, please only return this form if you DO NOT want your child to participate.

parent signature

date

print student name

student's teacher name

