

## **JOB-R2**

### **SAMPLE PPRA NOTICE AND CONSENT/OPT-OUT FORMS FOR SPECIFIC ACTIVITIES**

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires the Rochester School Department to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas ("protected information surveys"):

1. Political affiliations or beliefs of the student or student's parent;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes ("marketing surveys"), and certain physical exams and screenings.

Following is a schedule of activities requiring parental notice and consent or opt-out for the upcoming school year. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 or older or an emancipated minor under State law.)

#### **SAMPLES:**

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Date: DATE  
Grades: Five and Six  
Activity: ABC Survey of At-Risk Behaviors.

Summary: This is an anonymous survey that asks students questions about behaviors such as drug and alcohol use, sexual conduct, violence, and other at-risk behaviors. The survey also asks questions of a demographic nature concerning family make-up, the relationship between parents and children, and use of alcohol and drugs at home.

Consent [for U.S. Department of Education funded, protected information surveys only]: A parent must sign and return the attached consent form no later than [insert return date] so that your child may participate in this survey.

Opt-out [for any protected information survey not funded by the U.S. Department of Education]: Contact [school official] at [telephone number, email, address, etc.] no later than [date] if you do not want your child to participate in this activity.

## SAMPLE

Date: DATE  
Grades: One through Six  
Activity: Flu Shots  
Summary: The County Department of Public Health Services will administer flu shots for influenza types A and B.

Opt-out: Contact [school official] at [telephone number, email, address, etc.] no later than [date] if you do not want your child to participate in this activity.

It is contrary to the policies of the Rochester School Department to release personally identifiable information about students to commercial services without specific prior permission to do so. Rather than release the protected information, parents or eligible students will normally be notified by the School Department of the availability of any services deemed to be sufficiently beneficial to the students or their families to warrant such notice (e.g. low cost student accident insurance, commercial driver education programs, etc.) and will be given sufficient information to permit them to contact the providers directly.

Consent: A parent must sign and return the attached consent form no later than [insert return date] so that your child may participate in this activity.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to [school official, address]. [School official] will notify you of the time and place where you may review these materials. You have the right to review a survey and/or instructional materials before the survey is administered to a student.

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I [parent's name] give my consent for [child's name] to take the ABC Survey of At-Risk Behaviors on or about October 15, 2002.

\_\_\_\_\_  
Parent's signature

Please return this form no later than [insert date] to the following school official: [Provide name and mailing address.]

## SAMPLE

Adopted: May 13, 2004  
Board Review and Approval: August 14, 2014