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ETIWANDA SCHOOL DISTRICT STUDENT SURVEY

Dear Parents/Guardians

The Etiwanda School District is committed to providing excellence in education and is very interested in how its schools are meeting the needs of students and parents. A student's perspective on school climate and engagement will provide us with valuable information and assist in developing programs and services in our district and schools.

The Local Control and Accountability Plan requires districts to gather the input of student stakeholders in the development of annual goals. Our student survey can help our district meet that requirement by collecting important data about school climate and connectedness, instructional programs, and areas for improvement.

The 2017 Student Survey is accessible to students in grades 3–8 at school, with parent permission, during the survey window of October 2nd through October 30th.

Survey is voluntary. The survey will take approximately 15 minutes to complete. With your permission to participate, students do not have to answer any questions they do not want to answer and may stop taking the survey at any time.

Survey is anonymous. No names will be recorded or attached to the survey or data; however, we would like to collect demographic data to help us examine our efforts to close the achievement gap. The results are for our analysis and only reported as school, district, or demographic reports.

Preview the Student Survey questions by visiting the Etiwanda School District website at www.etiwanda.org and click on the Student Survey link. Survey must be completed at school for validity.

Please complete the student survey permission slip to indicate your choice of YES or NO for permission to participate. Return the completed form to your child's teacher or school office by Friday, September 29, 2017.

Parent Permission Form for the Etiwanda School District Student Survey for Grades 3–8

_____ **YES I give permission** for my child to take part in the Student Survey.

_____ **NO I do not give permission** for my child to take part in the Student Survey.

Signature: _____

Date: _____

My child's name (print): _____

Teacher: _____

Grade: _____

THANK YOU FOR RETURNING THIS FORM TO THE SCHOOL BY FRIDAY, SEPTEMBER 29th