

# School Counseling Student Needs Assessment

## PARENTAL ACTIVE CONSENT FORM



The purpose of the West Virginia School Counseling Student Needs Assessment is to gather valuable insights into the needs and concerns of the students at our school. This information will help design the counseling programs and services to better support the overall development of our students. The survey will be administered online and will take approximately 10 minutes to complete.

Completing the online survey will cause little or no risk to your child. The only potential risk is that some students might find the topic of some survey questions to be sensitive. The survey has been designed to protect your child's privacy. Students will not be asked to put their names on the survey. No student will ever be mentioned by name in a report of the results.

We would like all selected students to take part in the survey, but the survey is voluntary. No action will be taken against the school, you, or your child if your child does not take part. Students may skip any questions they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty. You may contact your child's school if you have questions. You also may request to see a copy of the survey at the school office.

Please read the section below and check the box to show that you do or do not give permission for your child to take part in the survey. Please return this form to your child's school.

Thank you.

\_\_\_\_\_  
Student's Name *(Please Print)*

\_\_\_\_\_  
Grade

- Yes**, I give permission, and my child **MAY** take part in the School Counseling Needs Assessment.
- NO**, I do not give permission. My child **MAY NOT** take part in the School Counseling Needs Assessment.

\_\_\_\_\_  
Parent's Signature

\_\_/\_\_/\_\_  
Date

\_\_\_\_\_  
Phone Number