An Invitation for Supplementary Information from your Child

We would like to invite your child to complete a short series of confidential questions about past and current experiences in his or her life. This supplementary information will help staff at your child's school or agency better understand their situation and point of view. This information also helps us provide them with the most appropriate programs to promote their social, emotional, and educational development.

Your child may find it interesting to provide this information. The process may help them think about the things that are bothering them or habits that they have that they want to consider changing. The information provides them an opportunity for self-reflection.

If you and your child decide to accept this invitation, your child will be asked to complete a set of questions that take approximately 15 to 20 minutes. If any questions cause discomfort or embarrassment or your child feels upset they can speak with the person from the school or agency. We are here to support you and your child. Please remember that your child's answers are safe and confidential. Thank you for considering this invitation for supplementary information. This will allow us to better assist and support your child.

I agree	do not agree	to have my child take the survey.	
Parent or Gu	uardian's signature:		Date:
Your child's	s name:		
Questions or Concerns? Please contact someone at your school or agency. Ask your child's			
teacher or co	ounselor.		