

MONONA GROVE SCHOOL DISTRICT

Administrative Exhibit 333.2 (2)

STUDENT SURVEY OPT OUT FORM

Student's Name: _____

Part 1 – To be Completed by Parent/Guardian

Parent/Guardian: _____

Date of Request: _____

Address: _____

Telephone: _____

City: _____

State: _____ ZIP: _____

Received by: _____

Date Received: _____

Position/Title: _____

Building: _____

As per Monona Grove School District policy (333.2), I/we request that my/our child does not participate in the survey identified below.

Parent/Guardian Signature

Parent/Guardian Signature

Part 2- To be Completed by School/District Official

Name of Survey: _____

Date(s) of Survey Administration/Distribution: _____

Area of Focus (check all that apply):

- Political Affiliations or beliefs of student or student's parent/guardian
- Mental and psychological problems of the student of the student's family
- Sex behavior or attitudes
- Illegal, anti-social, self-incriminating behavior or demeaning behavior
- Critical appraisals of other individuals with whom students have close family relationships
- Legally recognized privileged or analogous relationships such as those of lawyers, physicians and ministers
- Religious practices, affiliations, or beliefs of the student or the student's parent/guardian
- Income other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such a program

Date Opt Out Received: _____

Date Action Taken: _____

District/School Official Signature

Title

Filing Instructions

- a) Provide one copy of completed form to parent/guardian.
- b) Place one copy of the completed form in the student's cumulative file.
- c) Send one copy of the completed form to the District Office.

APPROVED BY THE BOARD: August 18, 2004