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Dear Parent or Guardian,

We are writing to inform you about a student survey that will be administered at your child's school called the 5Essentials Survey. This survey, developed by the University of Chicago Consortium on School Research, asks students about their experiences in school. Having direct information from students is critical for developing plans to improve schools.

Students' identities will be completely confidential. Teachers or administrators will never see individual responses to survey questions only summary level responses, such as the percentage of students' who agree homework assignments help them learn the course material.

Please be aware that under the Protection of Pupil Rights Act. 20 U.S.C. Section 1232(c) (1) (A), you have the right to review a copy of the questions asked of your student(s). Survey questions can be requested of your school or district.

If you **DO NOT** want your daughter or son to participate, fill out the information below and ask your child to return this sheet to his or her teacher.

Thank you for your cooperation,

School Name: _____

Student ID: _____

I **DO NOT** want my child, _____, to take part in the 5Essentials Survey.

Parent/Guardian Name _____

Date: _____