



March 5, 2024

Dear Parents/Guardians,

Our district will be taking part in the MI Student Voice Perception Survey on March 18-21, 2024. The survey was commissioned by a group of Michigan superintendents to address the need for a common measure to provide a holistic picture of the student experience. The survey provides the opportunity to hear directly from students – our primary focus – elevating student voice to help inform district and school improvement planning.

The survey will ask students questions about their experiences and perceptions within three critical domains: student engagement, social-emotional learning and belonging. The survey will be administered to students in grades 5-12, and survey data will be used by your administrators to identify strengths and areas for growth. **The survey does not ask questions regarding drug or alcohol use, intimate relationships, political or religious affiliations or other personal information.**

Students will be asked to complete the survey online using a computer, tablet or mobile device. The **anonymous** survey is designed to protect students' privacy. The survey has less than 40 questions and can be completed in approximately 10 minutes or less. We encourage all students to take part in the survey, as we hope to gather a lot of important information on their experiences. **Participation is voluntary. Students may skip any question they do not wish to answer. Students may stop participating in the survey at any point without penalty.**

Here are some materials that provide additional information about the survey:

[MI Student Perception Survey Flyer](#)

[FAQ – Frequently Asked Questions](#)

[List of Survey Questions](#)

If you want to opt out of having your child participate in the survey, please complete the following form and return to your school's office.

If you have any general questions, please feel free to contact me at gabriels@glcomets. Specific questions regarding administration of the survey including exact date(s) for your child's school should be directed to their building principal.

Sincerely,

Dr. Steve Gabriel, Assistant Superintendent



Return this form if you wish to opt-out of having your child take this survey.

MI Student Voice Perception Survey - <u>Opt-Out</u> Form	
Students Name: _____	Grade: _____
I have read and understand this form regarding the MI Student Voice Perception Survey. [] My child <u>does not</u> have my permission to participate.	
Parent's Signature: _____	
Telephone Number: _____ Email Address: _____	Date: _____
Note: You DO <u>NOT</u> need to return this form if you give your child permission to participate in the MI Student Voice Perception Survey.	