

## PECATONICA COMMUNITY UNIT SCHOOL DISTRICT 321 1300 Main Street, P.O. Box 419 Pecatonica, Illinois 61063-0419

Carl B. Carlson Superintendent 815-239-1639 FAX 815-239-2125

Todd France High School 815-239-2611 FAX 815-239-9128 Timothy King Middle School 815-239-2612 FAX 815-239-1274 Carrie Brockway ElementarySchool 815-239-2550 FAX 815-239-1418

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 Illinois 5Essentials Survey. This is the eleventh year the Illinois State Board of Education will implement this survey across the state. This survey is based on 20 years of research at the University of Chicago. It asks students about their experiences in school, giving school leaders critical student input to help develop school improvement plans.

Student participants will be required to log-in using their state student ID and birth date in order to complete the survey. Students' identities will be completely confidential. Teachers or administrators will never see individual responses to survey questions and will only receive aggregated information, such as the total 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 found on the UChicago Impact Support Center

(https://impactsurveyshelp.force.com/s/article/illinois-5essentials-survey-questions).

If you <u>do not</u> want your son or daughter to participate, fill out the information below and ask your child to return this sheet to his or her elementary teacher or middle school or high school office.

Thank you for your coo	operation,	
Carl B. Carlson, Superi	ntendent	
School Name:		Teacher:
	(Please Print)	
I <b>DO NOT</b> want my chi Survey	ld, CHILD'S NAME (PLEASE PRII	•
SIGNATURE OF PARENT OR GUARDIAN		DATE