



ORANGE UNIFIED SCHOOL DISTRICT

Office of Accountability, Equity and School Support

1401 North Handy Street • Orange, CA 92867-4334
714-628-4535

Dear parent/guardian:

The state of California requires each school district to create a Local Control Accountability Plan (LCAP) annually. Orange Unified School District conducts a survey each year to gather information from a variety of educational partners including students (grades 3-12), parents, community members and staff regarding the OUSD learning environment that contributes to the production of high academic achievement levels for all students.

This LCAP survey is anonymous, and the collective results will be shared during Local Control Accountability Plan (LCAP) meetings to guide local priority development, actions, expenditures, and services related to the conditions of learning, achievement outcomes, safety, and educational partner engagement. We value each respondent, and it is important that we get a representative sample from our community.

Participation in the survey is voluntary; your child's opinion and knowledge can be part of the information we receive to make our schools better. We want to continue meeting the ongoing and changing needs of our students. The important information they provide through this survey will help us do that.

Per Board Policy 5020.1(a), you have the option to EXEMPT your child from participating. If you DO NOT want your child to participate in the LCAP survey, please indicate so by signing and returning this form.

If we do not receive an OPT-OUT form from you, we will assume you are choosing to have your child participate in the LCAP survey.

Please send an email to LCAPsurvey@orangeusd.org if you have questions or need further clarification. Thank you for your assistance as we work together to educate and support all students.

Respectfully,

Sandra L. Schaffer, Ed. D.
Accountability, Equity and School Support

IMPORTANT INFORMATION

I have read and understand the description of the LCAP survey and understand my right to not have my child participate. I understand the survey window will be open from 10/23/23 to 1/12/24 for students in grades 3 through 12, parents, community members and staff.

I understand by completing and signing this form, I am opting my child out of participating in the survey.

“I would like to opt out my child, _____, from participation in the LCAP survey. I also understand this opt out request is only valid for the current academic school year and will be kept on file.”

*Siblings (enrolled at same school): _____

Parent/Guardian Signature: _____ Date: _____

*Parent/guardian: SIGN AND RETURN ONLY IF CHILD CHILDREN WILL NOT PARTICIPATE (OPT OUT)