

Dear Parent(s) or Guardian(s):

It is the Hawaii State Department of Education's (Department) goal to ensure equity, empowerment, and excellence in education for all students. Thus, we acknowledge our students' voice as they are stakeholders in our efforts to enhance teacher practice and improve the overall school climate. Your child's perspective is highly valued. We thank you for being our partners as we work together to educate our students this school year.

To learn more about student experiences, all students in grades 3-12 will be invited to participate in the Panorama Student Perception Survey (SPS). The survey is administered once a year. Your child will be asked to complete the SPS and answer questions about their classroom and overall school experiences. Survey results will help teachers reflect on and improve their classroom practices.

Individual student responses are confidential and will not be tracked. To maintain confidentiality, online survey responses are submitted directly to the external survey company for processing. Only summarized student-response data will be reported to the Department's state and complex area leadership teams, principals, and teachers to support continuous improvement. Individual student answers are never reported.

The survey should take no more than 20-30 minutes to complete. We ask for your support in encouraging your child to participate and respond honestly to the survey questions.

Please note:

- If you choose to have your child participate in the survey, no action is required.
- If you prefer to opt your child out of the survey, please complete the attached Declination Form by the listed deadline.

We appreciate your cooperation and support. If you have any questions about the Student Perception Survey, please contact your child's school or the Department's Assessment and Accountability Branch, Accountability Section, at (808) 307-3650.
Sincerely,

Principal

DECLINATION FORM
STUDENT PERCEPTION SURVEYS

If you do not want your child to take the Panorama Student Perception Survey, please return this form to school by _____, 2025.

- *Mark the box below, fill in your child's information, and sign your name. Once completed, please return this form to the school.*

To School:

☐ **My child WILL NOT participate in the Panorama Student Perception Survey.**

Student
Name: _____ Grade: _____

Parent
Name: _____ Teacher
Name: _____

Parent
Signature: _____ Date: _____

***** The form is not valid if the parent's signature is missing.***

This Declination Form is valid for the school year 2025-2026 only.