



Regional Arts & Culture Council  
411 NW Park Ave, Suite 101  
Portland, OR 97209  
503.823.5111

Dear Parent/Guardian,

This school year your child’s school district has partnered with the Regional Arts & Culture Council to integrate the arts into the classroom through *The Right Brain Initiative*. As part of this program, we would like to collect samples of student work and photograph students as they participate.

**We are asking your permission for your child and your child’s artwork to be featured in this research and documentation.** We believe this is an opportunity for children to express their creativity, reflect on their creative process, and share with *you* and their community the very hard work that takes place at their school.

Please consider the following ***The Right Brain Initiative Documentation and Privacy Policies:***

- Work samples from your child will be used to evaluate the *program*, and not your child as an individual.
- All photographs of featured students and samples of their work are intended only to showcase *positive* growth, learning, and creativity for outreach and educational purposes, and for promoting arts education in schools.
- Examples of how your child’s work or photo may be used include, but are not limited to: the Right Brain website, local (Portland area) public exhibitions, workshops for educators, progress reports for funders, and outreach brochures — to share how The Right Brain Initiative has impacted participating students, teachers, artists, and schools.
- Your child’s full name *will not* be used publicly.
- Photos and work samples *will not ever* be sold or shared for use by any other organization or individual.
- Your decision in this matter *will not* adversely affect your child’s educational experience.
- All documentation will be collected under the supervision of school personnel.
- In addition to your permission, your child will be allowed to opt-out of any Right Brain documentation activities at any time.

If you have questions about this documentation and research, please call Sinéad Kimbrell at 503.823.5014. *If you do not have any questions, please complete and sign the permission form below, and return to your child’s teacher **within one week**.* We appreciate your support and look forward to learning from your child.

Sincerely,

Sinéad Kimbrell, Program Manager, The Right Brain Initiative  
skimbrell@TheRightBrainInitiative.org

**Parent/ Guardian:** Please choose one option, then complete all of the information form below, and return to teacher **within one week:**

**YES** *I have read and understand The Right Brain Initiative Documentation and Privacy Policies and **I give my permission** for my child’s work samples (written, visual, and recorded) and photographic image to be used for The Right Brain initiative educational and outreach purposes.*

**NO** *I do not give my permission to allow my child’s image nor work samples to be used.*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_