



Dear Parent/Guardian,

This school year your child’s school district has partnered with Young Audiences of Oregon & SW Washington 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 **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 education purposes, and for promoting arts education in 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 any questions about this documentation and research, please contact Kim Strelchun at kim@ya-or.org or 503-225-5900 x.229. ***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,

Kim Strelchun, Director, The Right Brain Initiative

kim@ya-or.org

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

YES I have read and understand The Right Brain Initiative’s 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 Right Brain’s 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 Signature: _____