



Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

Consent for the Use of ISTAR-KR

***Please complete every blank.**

By: _____ School Number: _____
(Name of School) *(Example: E111)*

I, _____, hereby consent to my child's participation in the ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) assessment. Use of the ISTAR-KR assessment will allow me to receive periodic reports on the skills that my child has demonstrated in the areas that build toward kindergarten readiness and eventual success in school.

I understand that any data obtained from my child's ISTAR-KR assessment will be stored in a secure database that is maintained by the Indiana Department of Education and also designed to be compliant with the Family Educational Rights and Privacy Act (34 CFR Part 99).

I understand that my child's ISTAR-KR data may be accessed only by the program/facility or local education agency in which my child currently is enrolled. I further understand that my child's ISTAR-KR data will be made available to any Indiana public school that my child may attend in the future.

I understand that granting consent for the use of the ISTAR-KR assessment is voluntary. I also understand that I may revoke my consent at any time but that such revocation must be in writing in order to become effective. I further understand that any revocation of consent shall not be retroactive and, therefore, will not apply to ISTAR-KR assessments conducted prior to the written revocation of consent.

Student's Full Legal Name (printed)

Student's Date of Birth

Parent/Guardian Name (printed)

Relationship to the Student

Parent/Guardian Name (signature)

Date

Additional Information (optional):

Race/Ethnicity:

American Indian

Black (Not of Hispanic Origin)

Asian

Hispanic

White (Not of Hispanic Origin)

Multiracial

Native Hawaiian or other Pacific Islander

Home Language: _____