

## 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:** \_\_\_\_\_