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: ____________________________________________________________________________