



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF THE SUPERINTENDENT

November 20, 2018

Dear Parent/Guardian:

In October or November, your child will be asked to complete the 2018-2019 Tripod Student Perception Survey, a confidential survey that provides the school and teachers with student feedback to improve classroom practices and the learning environment.

Your child's perspective is highly valued. Their responses to the survey represent her/his voice in enhancing teacher practice and the whole school climate. Individual student answers are confidential and will not be tracked. To maintain confidentiality, your child will place the completed paper survey in and seal an individual envelope. The envelopes are opened and processed by the surveying company's staff at the company's facility. Online survey responses are transmitted directly to the same survey company for processing. Summarized student-response data are reported to Hawaii Department of Education's State and Complex Area leadership teams, principals, and teachers to help improve educational practices. Individual responses are not reported.

The Tripod Student Perception Survey was created by Harvard University Professor, Dr. Ronald Ferguson, and is administered in more than 25 states. The survey is designed to guide schools in implementing practical and relevant ways for improving classroom practices, raising student achievement, and narrowing student-learning gaps. Survey questions address your child's perspective on her/his experiences in school and in the classroom, classroom behaviors, and interactions with other students. A copy of the survey will be available in the office of your child's school for your review prior to administration.

This survey is voluntary; however, your child's views are important to ensure a quality educational system. We ask for your assistance in encouraging your child to participate and respond honestly to the survey questions. No further action is required from you unless you do not want your child to complete the survey. To request that your child be exempted from the survey, please complete the attached Tripod Student Perception Survey Declination form. Check the "My child **WILL NOT** participate in the Tripod Student Survey" box, fill in the requested information, sign the form, and submit the form to your child's school. Forms must be submitted to the school by the date listed on the attached Tripod Student Perception Survey Declination Form.

On behalf of the Department of Education, we thank you for your cooperation and support of our public schools. Should you have any questions, please call Morgan Yamamoto at (808) 733-4008 or the Hawaii Department of Education Educator Effectiveness System Help Desk at (808) 586-4072.

Sincerely,

Handwritten signature of Dr. Christina M. Kishimoto.

Dr. Christina M. Kishimoto  
Superintendent

Sincerely,

Handwritten signature of the Principal.

Principal

CMK:my  
Attachment

## DECLINATION FORM

### TRIPOD STUDENT PERCEPTION SURVEY

If you **DO NOT** want your child to take the Tripod Perception Survey:

- Check the box below
- Fill in the information
- Sign
- Have your child present the form to every teacher that they will be completing the Tripod for...

**TEACHERS:**

- When presented with the signed declination form, please SIGN and DATE at the BOTTOM and send the student to the library with the form.
- Please have the student take all their belongings with them
- Please be sure the student has something to do

**To School:**

My child **WILL NOT** participate in the Tripod Student Perception Survey.

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

Parent Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Form not valid if parent signature missing.***

PERIOD: \_\_\_\_\_

PERIOD: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

TEACHER'S SIGNATURE: \_\_\_\_\_

TEACHER'S SIGNATURE: \_\_\_\_\_