



MIDDLEBURGH CENTRAL SCHOOL DISTRICT
291 Main Street – P.O. Box 606
Middleburgh, New York 12122
(518) 827-3625

Dear Parent/Guardian,

We are very excited to partner with The PEAR Institute: Partnerships in Education and Resilience in order to promote the positive social-emotional development of our students. There is increasing evidence that helping students feel good about themselves, their school and their relationships improves their learning.

We will administer The PEAR Institute’s Holistic Student Assessment (HSA) to students in grades 3-11. As part of this effort, your child will be asked to complete a brief survey about him or herself at the beginning and end of the year.

Designated school staff will have access to these results. This information can help staff tailor teaching and support to your child’s unique strengths and needs. The PEAR Institute, a joint initiative of McLean Hospital and Harvard Medical School conducts cutting edge research to improve the ways schools promote social-emotional development. PEAR will use data from our school for research and educational work. Your child’s name will never be used as part of this research.

If you have any questions about this effort or would like to see a copy of this survey, please contact Amy Irwin, Elementary Principal or Matt Sloane, Jr. Sr. High School Principal

YOU ONLY NEED TO RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD TO COMPLETE THIS SURVEY. If you do not return this form **September 18, 2019**, we will assume that we have permission for your child to complete the survey at the beginning and end of the 2019-2020 school year, for information to be given to designated staff to help them understand your child’s strengths, relationships, interests, and needs as well as to be used in the service of research.

I DO NOT GIVE permission for my child to complete PEAR’s Holistic Student Assessment.
(If the box is not checked, we will assume your child has permission to complete the HSA)

Child’s Name _____ Homeroom / Teacher _____
 Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship to Child _____
 Home _____ Cell _____
 Work _____