



ONAGA-HAVENSVILLE-WHEATON SCHOOL DISTRICT

Trevor W. Ashcraft
Superintendent

Ben O'Dell
Principal

November 4, 2022

Sign and return, or complete google form please.

Dear Parents and Guardians:

USD 322 Onaga-Havensville-Wheaton is committed to improving the culture and climate of our schools, and supporting the whole child. One way we are addressing the whole child is by looking at student strengths and areas of concern for social, emotional, and behavioral well-being.

Your child will participate in universal screening SAEBRS survey to identify student needs, provide prevention and/or positive supports and intervention. The survey will be administered again this year in the Fall (November) and Spring (April) to help staff support our students. Teachers will complete a survey to help identify children at risk for academic issues or other school-related concerns. We consider this information essential to meeting your student's needs.

The State of Kansas requires us to notify you when students are being surveyed at school. ***Parents who are comfortable with the school delivering this survey to their students **MUST opt-in**; students have the option to opt-out.*** You may do so by completing and returning this form or complete the online form by November 9th, 2022. The opt-in form is available to fill out at:

https://docs.google.com/forms/d/1P2YpEJnXKMHTd5FFVW8kjP32QVHrhfosSz8b_RL4U50/edit. Students will only be able to participate in the survey, which is used to guide the beneficial school-based services for students, by completing and returning this opt-in form. Example questions that will be asked is available for review at: https://cdn5-ss5.sharpschool.com/UserFiles/Servers/Server_3042785/File/departments/administration/curriculum_instruction/SAEBRS_MySAEBRS_Screening_Tool.pdf

If you have any further questions or concerns, please contact me at koltermanju@usd322.org, or by calling me during business hours at the school.

Sincerely,

Juley Kolterman
USD 322 K-12 Student Success Liaison

I request that my student OPT-IN of the SAEBRS screening.

Student's Name (print) _____

Parent/Guardian's Signature _____

Date of Signature _____