

**National Special Education Spending Study
Parent/Guardian Permission Form**

Your child's school district has agreed to participate in the U.S. Department of Education's **National Special Education Spending Study (NSESS)**, a nationwide study of public-school spending on special education and related services. We are asking for your permission to include information about your child in this study.

Beginning in the spring of 2025, the study will collect information from a national sample of districts and schools about what is spent to educate students with disabilities, as well as what states and districts spend to operate their special education programs and comply with federal and state laws. To do this, staff at your child's school will complete a survey about your child's educational needs and their educational program.

All data will be collected through secure, online systems, and individual responses to survey questions will not be shared with anyone outside the study team. All staff who work with study data have been trained to protect the rights of research participants, including their privacy and confidentiality, and have undergone a Federal background investigation.

The information the study collects about your child will be used only for statistical purposes and will not be disclosed, or used, in identifiable form for any other purpose except as required by law (20U.S.C. §9573 and 6 U.S.C. §151). Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). The Department of Education and its data collection partners follow strict procedures for data storage and the protection of participants' confidentiality.

If you have any questions, please refer to the enclosed materials and do not hesitate to email the NSESS team at NORC-NSESS@NORC.org or call 888-872-0626.

If you give permission for the school or school district to provide information about your child for this study, you do not need to return this form.

If you do not give permission for the school or school district to provide this information about your child for this study, please check the box below, and sign and return this form to your child's school as soon as possible.

No, I do not give permission for the school or school district to participate in a survey about my child.

No, I do not give permission for the school or school district to provide the study with a copy of my child's individualized education program, or IEP.

Signature date: _____ / _____ / _____

(Signature of parent or guardian)

PLEASE PRINT:

Child name: _____

School name: _____

Parent name: _____

Parent phone: _____

Parent email: _____

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PLEASE CHECK ONE:

Yes, I give permission for the school or school district to provide information about my child in a teacher survey.

No, I do **not** give permission for the school or school district to provide information about my child in a teacher survey.

Please return a signed copy of this form to {NAME} by {DATE}.

_____ Date of signature: ____ / ____ / ____
(Signature of parent or guardian)

PLEASE PRINT:

Child name:

Parent name:

School name:

Parent telephone:

Parent email:

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(Signature of parent or guardian) Signature date: ____ / ____ / ____

PLEASE PRINT:

Child name: _____

School name: _____

Parent name: _____

Parent phone: _____

Parent email: _____

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School name: _____

Parent name: _____

Parent phone: _____

Parent email: _____