**RENEW Parent Consent Form**

Dear (Parent/Guardian):

As part of effort to support all students at our school, we have begun a new initiative called RENEW. This process engages selected students, who may benefit from extra support, to do better in school and successfully reach graduation. RENEW started in 1996 in New Hampshire and has been spread into other states, with good results to help students who struggle.

Your son/daughter has been selected by our staff as a student who might benefit from this program. One of our trained facilitators, (facilitator), has talked with (son/daughter) about the process and he/she has expressed interest in participating. This process is completely voluntary and you or your child can leave the program at any time. (Student) will be meeting regularly with his/her facilitator, to help him/her reflect on his/her background, create a vision about what he/she would like to do in the future, and create a plan for how to get there. The RENEW process is designed to help students become more independent and responsible for their own success. After these first few meetings take place, you and others may be invited to a meeting where (Student) will share his/her plans and identify supports necessary for him/her to reach his/her goals.

Your signature indicates your consent for (Student) to participate in the RENEW process and for his/her facilitator to consult with and interview teachers, other school staff or community support personnel about your child’s needs and situation. There may also be an occasion when you or (Son/daughter) may be interviewed by our consultant from the University of New Hampshire, Institute on Disability, as part of the facilitator training process. Data on (Student’s) progress may also be used and with the state and researchers for RENEW, though names will not be shared and individual students will not be identified as part of this data reporting process and it will be used for research, educational and planning purposes only.

If you have any questions regarding the RENEW process or (Student’s) engagement with the process, please do not hesitate to contact (Students’s) RENEW facilitator, or the RENEW Coach, Shawn King or Judy Heddy.

* Yes, I consent/agree to let my child engage in the RENEW process.

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_