Dear:

As part of effort to improve our school, we are offering a new program called RENEW for students who need extra support to do better in school and to graduate. Your (son/daughter, or name of student) has been picked by our staff as one student who might benefit from this program. RENEW started in 1996 in New Hampshire and has been spread into other states, with good results to help students who struggle.

We need your permission to offer this program to your child. We have already talked to your son/daughter about this and he/she says it OK to talk to you. This program is completely voluntary and you or your child can leave the program at any time. We have trained our staff in the program. If you give the OK, (name of staff facilitator), will begin to meet with your child once a week at a time when he or she will not miss any classes. During these meetings we will help your child talk about his or her background, create a vision about what he or she would like to do in the future, and create a plan for how to get there. This program is designed to help your child to be more independent and successful. After these first few meetings take place, you and others will be invited to a meeting so you can see what your child has planned and how you can help.

We will consult with and interview teachers or other school staff about your child’s needs and situation. We may also interview you and your child (with your permission). We also would like to share information about how your child is doing with the state and researchers for RENEW. Your name and that of your child will never be shared and you cannot be identified. By sharing this information, though, we can make sure we’re making progress and doing a good job.

If you have any questions about this project, we would be very happy to answer them at any time. You can contact: (school coach or principal…)

☐ Yes, I consent/agree to let my child receive the RENEW program.

Your Child’s Name:________________________

Parent/Guardian’s Name: __________________________

Parent/Guardian’s Signature:________________________ Date: _______