



Vancouver School Board – Learning Services

1025 Slocan Street, Vancouver, B.C., V5K 3Y2
Telephone: 604-713-5240 Fax: 604-713-5244

Dear Parents/Guardians,

The Learning Services Department of the Vancouver School Board encourages schools to assess the reading skills of their students in order to ensure that any emerging learning needs may be identified and addressed early and effectively. In line with BC's *Freedom of Information and Protection of Privacy Act*, this letter describes one specific tool and seeks permission for your child, _____, to be tested with it.

The Predictive Assessment of Reading Test (PAR) is a screening tool for use with children in Kindergarten to Grade 3. It is administered one-on-one and it takes 12 to 15 minutes to complete. The PAR measures each child’s current level of performance in areas that are seen as critical to the development of strong reading skills. It uses that information to make a prediction of the child’s future reading abilities. If problems are identified, the test outlines the specific aspects of reading that the child is struggling with and suggests strategies to effectively address those needs. The PAR has been built on an extensive research base and is widely respected. If you wish, you can learn more about it at www.onlinepar.net.

As part of the testing process, some information is encrypted and stored on servers operated by the publishers of the test, Red-e Set Grow LLC. That information is limited to the child’s first name, last name, student number, birthdate, gender and PAR assessment data. These servers are located within the jurisdiction of the United States of America. The company’s privacy policy can be read here: www.thrive4kids.ca/par-privacy-policy.pdf

Results of this assessment will be considered confidential and a copy will be kept by the School-Based Case Manager.

With this background in mind, we ask that you indicate your decision by checking one of the boxes below and that you return a dated and signed copy of this letter to your child’s school.

- Yes, I give consent to the testing described in this document.
- No, I do not give consent to the testing described in this document.

Signature of Parent or Guardian

Printed Parent/Guardian Name

Date

School-Based Case Manager’s Name