Social and Emotional Learning (SEL) Assessment

Dear Parents and Guardians:

East Baton Rouge Parish School System (EBRPSS) is committed to supporting all students' well-being. As a part of these efforts, we incorporate social emotional learning (SEL) and instructional practices to promote student well-being throughout the school day. Each year we assess student perceptions of their own social and emotional well-being through the Rethink Ed Student Self-Assessment. This tool measures students in 5 areas: Self Awareness, Social Awareness, Self Management, Responsible Decision Making, and Relationship Skills. School staff will use the assessment to identify the strengths and needs of students in grades 3-12. The tool also provides information regarding students’ experiences and how staff can support their needs.

In addition to measuring these skill areas, the self-assessment will review students’, feelings of belonging, and s about their school environment. These factors are critical to positive academic, social, and emotional success.

All students in grades 3-12 will participate in the assessment twice a year, in the fall and spring. Students in grades 3-12 will reflect and report on their own skills and experiences. This data will only be accessible to teachers, administrators, and staff with legitimate educational interests. Results will be maintained in secure files and databases accessible only to these individuals. Assessment results will be used with other data to inform practices for life skill development. Assessment data will also help staff plan interventions for students with identified needs.

Schools will administer the SEL assessment on October 17-20 and March 18-22. If you have concerns about the Student Self Assessment, please contact your school counselor.

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If you wish to opt your child out of participating in the SEL Assessment, please complete this form and return it to your child’s teacher or school counselor by \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEACHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_