

Survey/Polls/Screenings Opt-Out Form

Only YOU can decide which polls/surveys/screenings you are comfortable with your child participating in. These in-class surveys are big business by large companies such as [Panorama](#) (prevalent in both TN public and private schools) that are effectively data-mining your student via highly personalized questions, and by extension, your family via highly personalized questions about their family life. Where is this data stored and who ultimately acquires it? These answers are largely unknown. In the age of Big Data and AI, collection and storage of students' personal information should be at the discretion of the parent. However, parents must pro-actively and often, repeatedly, opt-out.

Additionally, collected data is often interpreted through an "equity lens" of the "oppressed and oppressor model," thus producing biased results that feed the continued indoctrination of students. Take a moment to review this [informative overview](#) from [Courage Is A Habit](#).

We encourage parents to watch the [SEL 101 Presentation](#). Data mining of your student is BIG business!

Questions for Parents:

- **Is this about student health or something more?**
- **Do screening questions have the power to plant thoughts?**
- **Is there money involved? [Answer = yes]**
- **Example: "How do you feel about _____?"**

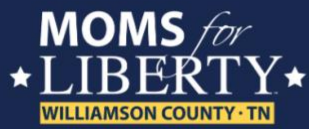
The purpose of this opt-out form is to notify the district for inclusion in your student's file that you are opting out and/or specifically revoking/denying any possible assumed permission for items with TCA (Tennessee Code Annotated, i.e. TN law) references.

Using the letter/form:

- 1) Be sure to date your letter.
- 2) Provide your email address in the letter so the school can follow up with you.
- 3) Include your child's name, grade, teacher (if known), and school.
- 4) Reference the TCA codes that mention SEL.
- 5) Sign, Print, Date to complete.

This is meant as a guide to help you opt-out of data mining surveys/polls. Should you want to make any changes, please do so as required to suit your needs.

Once you have submitted your opt out, please let us know by completing our anonymous [M4LWC Opt-Out Form Tracker](#) and/or emailing us at Info@MomsforLibertyWC.org. An accounting of how many parents opt-out helps us in our efforts to advocate for these options. We also encourage you to share your experience with other parents on our Opt-Out [Facebook](#) Page.



 (615) 905-1996
 Info@MomsforLibertyWC.org
 www.MomsforLibertyWC.org
 PO Box 681862, Franklin, TN 37064

If you have additional comments or questions, OR if you would like to talk with us about your decision, you can securely message us at:

PO Box 681862
Franklin, TN 37064
(615) 905-1996
Info@MomsforLibertyWC.org

Date: _____

Dear Principal _____:

Attached, you will find the parental opt-out for my child(ren): _____ for the school year 2022-2023. Please add this to their school file and provide a copy to each of their teachers, including media center/librarians.

Please respond by email to confirm you have received this request.

If you have questions, please reach out by email at _____.

Signed,

PARENTAL OPT-OUT LETTER

I, _____ as parent and/or legal guardian of _____, a minor child, hereby exercise my right under the US Constitution and laws of the State of TN, to direct the upbringing and education of my minor child, as follows:

Under T.C.A. 49-2-124, I DO NOT CONSENT to my child, being administered psychotropic medication, a mental health screening, evaluation, testing or examination. I do not consent to my child's participation in any opinion survey, personal analysis, evaluation, questionnaire or any other form of data collection that reveals or attempts to affect, or references or relates in any way to my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: curriculum, political affiliations, religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes, sexual activity, sexual orientation; gender identity; or illegal, antisocial, self incriminating or demeaning behavior. For the avoidance of doubt, my child is not allowed or permitted to partake in any survey, including curriculum centric and/or opinion in nature, without parental written consent.

I request that this notification be included in the permanent file for my child as well as provided to any and all persons instructing my child during the 2022-2023 school year. Instruction contrary to this notice, will lead to additional actions to protect my child.

Parent and/or Legal Guardian

Printed Name: _____

Signature: _____

Date: _____

Under TCA Title 49-2-124 (a-i inclusive)

https://www.tn.gov/content/dam/tn/education/documents/CSH_School_Health_Laws_2021.pdf

As used in this section: "Mental health screening" or "socioemotional screening" means, for the purposes of this chapter, the use of one (1) or more brief, structured questionnaires designed to identify the possibility that an individual has a mental health problem;

"Psychotropic medication" means a drug that exercises a direct effect upon the central nervous system and that is capable of influencing and modifying behavior. Psychotropic medication includes, but is not limited to:

Antipsychotics; Antidepressants; Agents for control of mania and depression; Antianxiety agents; Psychomotor stimulants; and Hypnotics; and "Universal mental health or socioemotional screening" means, for the purposes of this chapter, any mental health screening program in which a group of individuals is automatically screened without regard to whether there was a prior indication of a mental health problem. Universal mental health or socioemotional screening is only permitted under the following circumstances:

A parent, guardian, legal custodian or caregiver under the Power of Attorney for Care of a Minor Child Act, compiled in title 34, chapter 6, part 3, of a child under sixteen (16) years of age has provided written, active, informed and voluntarily signed consent that may be withdrawn at any time by the parent, guardian, legal custodian or caregiver under the Power of Attorney for Care of a Minor Child Act;