

## **Parent/Faculty Test Market Authorization Form**

**Program Title:** ONEHEART SEL Anti-Bully App to support Student Social-Emotional Well-being for ages 13 and up.

**Onsite Principal/Facilitator/Supervisor:**

**School/Organization:**

**3<sup>rd</sup> Party Facilitation Information:** BUILD REWARD EMPOWER 501c3 / BRE Innovative Solutions LLC

**Website:** [www.bre-is.com](http://www.bre-is.com) **Email:** [contactus@bre-is.com](mailto:contactus@bre-is.com)

### **Introduction**

We invite your student, aged 13 to 18, to participate in a one-hour student wellness test market session for a new app aimed at enhancing student social-emotional learning, healthy relationship skills, communication dialogue, and mentor circles. This session is voluntary, and participants may withdraw at any time without penalty.

### **Participant eligibility**

- Students between 13 and 18 years of age.
- Student attends (Name of School)

### **Description of the test market**

The session will involve dialogue with a small group of peers and facilitators. Participants will interact with a prototype of a new app and discuss the following topics:

- Social and emotional learning.
- Healthy relationships.
- Communication dialogue.
- Mentor circles.

The purpose of this student wellness test market is to gather feedback on the app's functionality and content to ensure it meets the needs of students and faculty.

The demo will involve dialogue through an interactive prototype of the ONEHEART SEL app.

Visit [www.bre-is.com](http://www.bre-is.com) > PROGRAMS > SEL > Access Demo

*The potential benefits include:*

- *Improving communication, mentorship and relationship skills.*
- *Strengthening social and emotional intelligence.*
- *Providing valuable feedback to shape the development of an app designed to help students navigate bullying and circumvent conflict.*

*There are no anticipated physical risks associated with participation. Some questions may touch on sensitive social or emotional topics, which could cause temporary discomfort. We have trained facilitators, school faculty and counselors on hand to address any concerns.*

### *Confidentiality and data privacy disclosure*

*All survey data and information collected during this student wellness session will be kept confidential to the extent permitted by law. The data will be aggregated and anonymized so that individual responses cannot be identified.*

### *Survey Data Disclosure:*

- *I acknowledge that survey data, including my child's feedback on app features, content, and session topics, will be collected and analyzed for product development purposes. (NOTE: NO PERSONAL STUDENT DATA WILL BE COLLECTED)*
- *I understand that all data will be de-identified before use in any reports or publications.*
- *I understand that my child's name and personally identifiable information will not be disclosed to any third parties without my explicit consent, in compliance with the Family Educational Rights and Privacy Act (FERPA).*

*By signing below, I grant permission for my child's survey data to be used as described above.*

*Parent/Guardian Signature: \_\_\_\_\_*

*Date: \_\_\_\_\_*

*Optional photography/video disclosure*

*During the student wellness session, we may take photographs or videos for promotional and research purposes. These images may be used in promotional materials, educational presentations, or on our website.*

- \_\_\_\_\_ I consent to the use of my child's photographs and/or videos for the purposes described above.*
- \_\_\_\_\_ I do not consent to the use of my child's photographs and/or videos.*

*Parent/Guardian Signature: \_\_\_\_\_*

*Date: \_\_\_\_\_*

*Contact your school for additional questions*

*If you have any questions or concerns about this student wellness session, please contact the Student Wellness Counselor/Liaison.*

*Parent/guardian signature*

*I have read and understand the information provided in this form. I give my permission for my child to participate in the session described above.*

*Print Name of Child: \_\_\_\_\_*

*Date of Birth of Child: \_\_\_\_\_*

*Print Name of Parent/Guardian: \_\_\_\_\_*

*Signature of Parent/Guardian: \_\_\_\_\_*

*Date: \_\_\_\_\_*