



Active Consent Template for Parents

Directions: If required by your school, make a copy of the template below and edit to your district standards/requirements to gain active consent from parents/caregivers.

Highlighted areas may be omitted if you are not offering a credit-bearing course.

Dear _____,

I have an exciting opportunity for STUDENT'S NAME. We have a **credit-bearing** online program called EmpowerU. This opportunity has been made available through school funding and has a limited number of seats. The course is designed for students to carve out a time and place in their busy lives to focus on developing resilience and a path to overcome any challenges they may be facing.

EmpowerU has shown to be very successful for students who may be stuck in a place of negative thinking, low motivation, low self-esteem or avoidance. EmpowerU is a great fit to support students in the lifelong journey of strengthening motivation, resilience and persistence skills which are so important to thrive in school and life beyond (<https://empoweru.education>).

We are offering this course, at no charge, during the school day. By completing the requirements of the course, participating students will have a highly personalized growth opportunity **and the possibility to earn an elective credit**. Students complete online lessons 20 minutes a day and will receive personalized 1:1 support and feedback within the EmpowerU platform from a highly trained instructor who will help them apply lessons to their own lives and meet their goals for personal growth.

We want to make sure you are aware of the program and support your student in this growth opportunity. Helping your student understand the commitment and the required time to complete the course at school is helpful.

We do require your consent to have ____ participate in this program. If you agree to have your child participate according to the terms below, please reply to this email and type the following:
I agree to allow EmpowerU to discuss my child's progress with his/her school counselor or designated EmpowerU school contact as needed, including grades, attendance, school progress/health. Any released information will be held confidential between parties and used solely for the purposes of student goal setting and success in the EmpowerU course.

Thank you, SCHOOL STAFF NAME, PHONE NUMBER