

**ENFIELD BOARD OF EDUCATION
ENFIELD, CONNECTICUT**

Instruction

6162.52

Surveys of Students (Physical Examinations)

The Board of Education (Board) recognizes its responsibility to enact policies that protect student privacy in accordance with law. This is particularly relevant in the context of conducting physical exams.

Invasive Physical Examinations

Note: *The term “invasive physical examination” means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision or scoliosis screening.*

Prior to the administration of any non-emergency, invasive physical examination or screening that is required as a condition of attendance, administered by the school not necessary to protect the immediate health or safety of the student or other students and not otherwise permitted or required by state law, a student’s parent/guardian will be notified and given an opportunity to opt their child out of the exam. Hearing, vision and scoliosis screenings are not subject to prior notification.

- (cf. 6141.11 - Curriculum Research/Experimental Projects)
- (cf. 6161 – Equipment, Books and Materials: Provision/Selection)
- (cf. 6161.1 – Evaluation/Selection of Instructional Materials)
- (cf. 6161.12 – Reconsideration of Materials)

Legal Reference: Elementary and Secondary Education Act of 1965, 20 U.S.C. §1232h
 Protection of Pupil Rights Amendment, as amended by the Every Student
 Succeeds Act, Pub. L. 114-95
 Regulation 34 CFR Part 98 (PPRA Regulations)

Policy Adopted: January 23, 2024

ENFIELD PUBLIC SCHOOLS
Enfield, Connecticut

**WRITTEN CONSENT OF STUDENT SUBMISSION TO
SURVEYS, PERSONAL ANALYSIS, OR EVALUATIONS**

(This form is to be used to provide as required by federal law written consent of a student's parent or guardian to the student's participation in a survey, a personal analysis, or an evaluation.)

Name of Student: _____

Address: _____

Grade/School Year: _____ Birthdate of Student: _____

Name of Student's Parent or Guardian: _____

Address of Parent or Guardian: _____

The survey, personal analysis, or evaluation reveals the following information: (check all those applicable)

- Political affiliations or beliefs of the student or the student's parent.
- Religious beliefs, practices, or affiliations of the student or the student's parent.
- Mental or psychological conditions that may embarrass the student or his/her family.
- Sexual behavior and attitudes.
- Illegal, anti-social, self-incriminating or demeaning behavior.
- Critical appraisals of other individuals with whom the student has a close family relationship.
- Legally recognized privileged or confidential relationships, including a relationship with a lawyer, physician, or minister.
- Income (except as required by law to determine eligibility for participation in a program or for receiving financial assistance under a program.)

A copy of the personal analysis, survey, or evaluation is attached for your review.

I, (name of parent/guardian of student), consent to the participation of (name of student) in the attached survey, personal analysis, or evaluation.

(Signature of Parent/Guardian)

(Date)