



**Dr. Aronica Gloster**

Director of Student Services

[Glostar@boe.richmond.k12.ga.us](mailto:Glostar@boe.richmond.k12.ga.us)

Date: August 26, 2025

Dear Parent or Guardian,

We are writing to inform you about an upcoming survey for students in grades 3 - 12, the *Panorama Student Competencies Survey*. Information from this survey will be used to assist students in the development of their interpersonal and emotional skills. Students will complete a self-report survey. There are 42 – 47 questions (varies by grade level) and the survey takes about 14 – 16 minutes to be completed. The items measure the following 7 topic areas:

- Emotion Regulation
- Grit
- Growth Mindset
- Self-Efficacy
- Self-Management
- Social Awareness
- Supportive Relationships

The survey will be administered between **September 3, 2025** and **September 19, 2025**.

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232(c)(1)(A) gives you the right to review a copy of the student survey questions. You may review the survey questions at [rcboe.org/panorama2025](http://rcboe.org/panorama2025). Additionally, you may request that the school provide a copy of the survey questions for your review.

The PPRA also gives you the right to opt your child out of participating in the survey. If you **do not** wish for your child to participate, please complete the online Opt-Out Form found at [rcboe.info/panoramaoptout](http://rcboe.info/panoramaoptout) by **September 2, 2025**. You may also complete information below on the back of this page, sign, and return this letter to your child's school.

If you have any questions about the survey administration, please feel free to contact your child's school for more information.

Sincerely,

A handwritten signature in black ink that reads "Aronica Gloster".

**Dr. Aronica Gloster**

Director of Student Services

864 Broad Street, Augusta, GA 30901

[rcboe.org](http://rcboe.org)

*Learning Today... Leading Tomorrow*



**COMPLETE ONLY IF YOUR CHILD CANNOT PARTICIPATE IN THIS SURVEY.  
RETURN THE SIGNED FORM TO YOUR CHILD'S SCHOOL COUNSELOR.**

*I do not want my child to participate in the Panorama Student Competencies Survey.*

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_