



2024 D49 State Assessment Parent Request Form for Opt Out

Please complete and return to the school principal by **March 15, 2024** in order to minimize impacts to school scheduling. One form per student. Thank you.

To _____, Principal of _____,
School Principal's Name School Name

I, _____, parent/guardian of _____, request my student, who is in ____ grade, be excused from taking the following state assessments. I understand that this request for exemption from state assessments is valid for this school year only and applies to only the state assessments applicable to my student that I have selected below.

I understand that schools use state assessment to guide instruction, to place students in classes for the following school year, to determine programing effectiveness and other purposes as well.

- _____ CMAS: English Language Arts (Grades 3-8)
- _____ CMAS: Math (Grades 3-8)
- _____ CMAS: Science (Grades 5, 8 and 11)
- _____ PSAT 9 (Grade 9)
- _____ PSAT 10 (Grade 10)
- _____ SAT (Grade 11)

Assessments for students who meet specific requirements and do not qualify to take the assessments above:

- _____ CMAS: Dynamic Learning Maps (DLM) English Language Arts and Math (Grades 3 - 11)
- _____ CMAS: CoAlt Science (5 & 8, 11)

I understand there will be no negative consequences imposed on my student for requesting this exemption.

While assessments are occurring, I understand that my student will be supervised by school staff and will not be provided an alternate learning activity. I may, however, provide my student with independent educational materials.

I understand that the school will provide confirmation upon receiving this request for exemption. In most instances, a building leader will reach out to confirm the request with you.

Parent/Guardian Signature

Parent/Guardian Name **PRINT PLEASE**

Date

Office Use:
Date Exemption Form received _____
Date of Parent Contact _____