

Parent/Guardian Refusal for Student Participation in 2023-2024 Districtwide Assessments

Parents and guardians may refuse (opt out) to have their student participate in district-required standardized assessments by submitting this completed form to their student's School Assessment Coordinator. To ensure that your student's school can fulfill this request, **please submit this completed form prior to the assessment window** (listed below) to allow time for the School Assessment Coordinator to notify building staff as well as make other arrangements for your student during testing. **A new form must be completed annually.**

School Name:	Student Grade:
Student Name:	Student ID#:

I opt my student out of all FastBridge assessments this school year.

Or indicate below the assessment(s) you are opting your student out of this school year.

FastBridge

ASSESSMENT	ASSESSMENT WINDOW	STUDENTS TO TEST
<input type="checkbox"/> earlyReading <input type="checkbox"/> CBMreading <input type="checkbox"/> AUTOreading	<input type="checkbox"/> Fall: September 5-29, 2023 <input type="checkbox"/> Winter: January 2-31, 2024 <input type="checkbox"/> Spring: April 15-May 15, 2024	Required: Grades K-1 earlyReading Required: Grades 2-3 CBM Reading Required: Grades 4-5 AUTOreading <i>fall, winter, and spring terms required</i>
<input type="checkbox"/> aReading <input type="checkbox"/> aMath	<input type="checkbox"/> Fall: September 5-29, 2023 <input type="checkbox"/> Winter: January 2-31, 2024 <input type="checkbox"/> Spring: April 15-May 15, 2024	Required: Grades K-10 aReading & aMath <i>fall, winter, and spring terms required</i> Optional: Grades 11-12 <i>fall, winter, and spring terms optional; determined by school administration</i>
<input type="checkbox"/> SAEBRS <input type="checkbox"/> mySAEBRS	<input type="checkbox"/> Fall: October 10-31, 2023 <input type="checkbox"/> Winter: January 2-31, 2024 <input type="checkbox"/> Spring: April 1-15, 2024	Required: Grades K-1 (SAEBRS) Required: Grades 2-12 (mySAEBRS) <i>fall, winter, and spring terms required</i>

The reason for refusal is required. (Please explain briefly in the space below)

Initial below:

_____ I understand by signing this form I may lose valuable information about how well my student is progressing in reading and/or math on district standardized tests.

_____ I understand opting out may impact my student's course placement and the school and district's efforts to equitably distribute resources and support student learning.

Parent/Guardian (Signature)

Date

To be Completed by DnA Staff

Received by:

Date: