



# STRUTHERS CITY SCHOOLS

BOARD OF EDUCATION OFFICE  
99 EUCLID AVENUE STRUTHERS, OHIO 44471  
330-750-1061 FAX 330-750-5516

*Mr. Peter J. Pirone Jr., Superintendent*  
*Mr. Ryan R. Cene, Treasurer*

## Notice of State & District Assessments

Dear Parent/Guardian:

The Struthers City School District receives Title I-Part A funds to support its instructional program and is required to notify parents/guardians annually of State and District assessment practices.

### State Assessments

The District administers the Kindergarten Readiness Assessment-Revised (KRA-R) in Kindergarten. The District administers Ohio's State Tests for English Language Arts (ELA) and Mathematics in grades 3-8, as well as Science in grades 5 and 8. The District administers end-of-course exams that count toward graduation requirements as follows: Algebra I in grade 9; ELA, Biology, Geometry, and American History in grade 10, and American Government in grade 11. More information about Ohio's State Tests can be found at <https://education.ohio.gov/Topics/Testing>.

### District Assessments

The District administers State-approved reading diagnostic assessments in grades K-3 as required by the Third Grade Reading Guarantee, gifted/talented screening in grades 2 and 6, and additional reading and/or mathematics assessments to monitor student growth in grades 4-9.

### Parent Notification

The District provides parents/guardians with score reports from State and District assessments as they become available. In addition, upon request and in a timely manner, the District will provide information regarding any State or District policy regarding student participation in any assessments mandated by section 1111(b)(2) and by the State or District, including a policy, procedure, or parental right to opt the child out of the assessment, where applicable. You may request this information by returning this letter to 99 Euclid Avenue, Struthers, Ohio 44471, or via e-mail to [pete.pirone@strutherscityschools.org](mailto:pete.pirone@strutherscityschools.org).

Please include the following information with your request:

Child's full name \_\_\_\_\_

Parent/Guardian full name \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number/E-Mail \_\_\_\_\_

School building (circle one):    Primary School (K-4)    Middle School (5-8)    High School (9-12)

Sincerely,

Mr. Peter J. Pirone, Jr.  
Superintendent of Schools