



Miller Place Union Free School District

Annual Assessment Form

School Year 2025-2026



Please submit completed form to: Miller Place Union Free School District: c/o Kurt Roth

Child's information			
Name: Last	First	Middle	Grade Level

Please Select Annual Assessment Option: (Only Choose One)

☐ My child will take a Commercially published norm-form referenced achievement test.

Acceptable for All Grades.
Exception: This method is required for Grades 9-12.

☐ California Achievement Test	☐ Comprehensive Test of Basic Skills
☐ Stanford Achievement Test	☐ Metropolitan Achievement Test
☐ Iowa Test of Basic Skills	☐ State Education Department Test
☐ Other*: _____	

*Must be approved by the State Education Department.

☐ My child will take an Alternative Evaluation Method*

OR
Acceptable for Grades 1-8 ONLY.
Exceptions: For grades 1-3 can use this method annually.
For grades 4-8 can ONLY use this method every other year.
This is NOT an acceptable method for Grades 9-12.

Please Specify Assessment Method:

*Must be presented to the Superintendent for further approval. Attach any necessary Documentation.

Please Sign and Date

Parent's Signature: _____ Date: _____

Notice to Parents

Ⓢ If you are changing your Assessment Option, please notify the District on or before **June 1st, 2026**

OFFICE USE ONLY

Signature of School Personnel: _____ Date: _____

Signature of Superintendent: _____ Date: _____