

PARENT/GUARDIAN TEST INVALIDATION/REFUSAL FORM

Must be received in the WJMS office by Thursday, March 12, 2020

Public Law 107-110 (NCLB) requires all students in grades 3 through 8 and 9 through 11 enrolled in public schools that receive federal funding to participate in accountability assessments. Failure to meet 95% participation rates potentially compromises the school and district's accountability rating. In addition, state statute requires that all students enrolled in a public school take Colorado's statewide assessments (Section 22-7-409(1.2)(d)(I)(A), C.R.S.

Directions: Complete ALL sections. Write legibly. Incomplete forms are not accepted. Please circle the assessment you are refusing.

CMAS - 6th – 8th **ELA**

CMAS - 6th – 8th **Math**

CMAS- 7th **Social Studies**

CMAS – 8th **Science**

Please complete all information below for the **STUDENT**:

Name	Grade Level
------	-------------

1. Please complete all information below for **PARENT/GUARDIAN**:

Name	Home Phone	Cell Phone
Address		City/State/ZIP

2. Please provide a detailed explanation of **REASON FOR REFUSAL**:

3. As part of my refusal, I understand the following (initial each):

___ My child is expected to be in school during all testing days with a book in hand and will be required to remain silent and read during all testing sessions. On-site supervision will be guaranteed for students who do not take the state mandated assessments; schools may use staff and para resources to the best of their abilities to provide on-site supervision.

___ I understand the accuracy of state accountability data is impacted when students do not participate. The true performance of my child's school and teachers will not be captured in the state reported achievement and growth scores.

___ I understand by excusing my child from specific state testing, my child and school will not receive this specific data to track progress

___ I understand my child will not be penalized by the school for not participating in state mandated testing (including, but not limited to, prohibiting school attendance, imposing an unexcused absence, or participation in extracurricular activities.

___ I understand I am limiting my child's ability to be identified for instructional support or advancement due to lack of data that will be supplied to the school.

Parent Signature _____ Date _____

Please Print Name _____