

2015-16 Parental Exclusion from State Assessments

As a parent/guardian, I **do not** want my child to participate in the following assessments during the 2015-16 school year:

Student Name _____ **Student ID** _____

The data obtained in these assessments are utilized by teachers and administrators to review student progress toward learning targets, plan instruction, provide teacher feedback, inform potential course placement, provide important achievement data to students and parents and allow for public reporting about school quality.

_____ SAGE (Student Assessment of Growth and Excellence) **English Language Arts/Literacy/Writing**

_____ ACT (11th grade students)

_____ ACT Plan (10th grade students)

_____ SAGE (Student Assessment of Growth and Excellence) **Math**

_____ ACT Explore (8th or 9th grade students)

_____ SAGE (Student Assessment of Growth and Excellence) **Science**

_____ DIBELS (Dynamic Indicators of Basic Early Literacy) Grades 1-3

_____ SAGE Interim

_____ DLM (Dynamic Learning Maps) **ELA & Math** for students with significant cognitive disabilities

_____ SAGE Formative

_____ UAA (Utah Alternative Assessment) **Science** for students with significant cognitive disabilities

_____ Civics Exam

***Passage of the Civics exam is required for graduation**

_____ AAPPL (Assessment of Performance toward Proficiency in Languages) for students in Dual Immersion Language programs

_____ General Financial Literacy Assessment

_____ ACCESS (English Language Learners)

I acknowledge that this signed form must be returned to the principal of my child's school on an annual basis and at least one day prior to the beginning of the assessment. This information will be kept at the child's school.

Parent/Guardian Signature
 Parent/Guardian Name (please print)
 Contact Information (phone/email)

My Child's Grade
 My Child's School