



Parent Excusal from State Assessments

Ellicott School District encourages full participation of every student in assessments. Assessments are used at all levels to monitor student progress, address developmental gaps/concerns, and improve instruction. Standardized test scores are also frequently used to determine placement in advanced courses/programs and to identify specific instructional needs of students. If a student does not take the annual state assessments, no scores will exist to support these decisions, so parents will need to work closely with educators to ensure that students have access to everything they need to be successful.

Colorado Revised Statutes 22-7-1013(8)(a-c) allows for parents/guardians to excuse their student from state mandated assessments which they view as not in the best interests of the student.

By completing this form and signing below you agree to the following:

I recognize that I will not receive results of my child's achievement and growth as measured by these assessments. I also understand that educators use these results for instructional planning, class placement, and academic screening, and that this information will not be available to my child's educators.

I am the parent/guardian of:

Student's Legal First Name: _____

Student's Legal Last Name: _____

School Name: _____ **Grade:** _____

I am opting the above student out of the following assessments for this school year:

- | | |
|---|---|
| <input type="checkbox"/> CMAS/DLM English Language Arts (3-8) | <input type="checkbox"/> CMAS/CoAlt Social Studies (4, 7, 11) |
| <input type="checkbox"/> CMAS/DLM Mathematics (3-8) | <input type="checkbox"/> PSAT (9, 10) |
| <input type="checkbox"/> CMAS/CoAlt Science (5, 8, 11) | <input type="checkbox"/> SAT (11) |

Parent Name (printed): _____

Parent Signature: _____ **Date:** _____

Completed forms can be returned to the District Assessment Coordinator in the Ellicott School District Office.

Below is for district use only.

School Assessment Coordinator Signature: _____ **Date:** _____

District Assessment Coordinator Signature: _____ **Date:** _____