

RETURN THIS PAGE TO YOUR CHILD'S SCHOOL BY THE END OF FEBRUARY



Non-Participation Request for Assessments

Parent Name: _____

Parent Email: _____

Student Name: _____

Grade: _____

School Name: _____

Student ID Number: _____

I wish to formally request that my child not participate in the Assessments listed below:

Assessment Name

- | | |
|---|--|
| <input type="checkbox"/> CMAS English Language Arts | <input type="checkbox"/> SAT |
| <input type="checkbox"/> CMAS Math | <input type="checkbox"/> CoAlt (English Language Arts, Math, Science and Social Studies) |
| <input type="checkbox"/> CMAS Science | <input type="checkbox"/> MAP |
| <input type="checkbox"/> CMAS Social Studies | <input type="checkbox"/> NAEP |
| <input type="checkbox"/> PSAT | |

Reason for Request *(Select One)*

- Object on religious grounds Object due to personal view Other _____

For additional information on these and other assessments that will be given during this School Year, visit:
<https://assessments.dpsk12.org/>

Parent Signature

Date

Enter up to 3 email addresses where you want submission confirmation to be sent:

Email

Email

Email

Office Use Only

- School must enter the requests above into the DPS Parent Opt Out Application in IC. To access, click on "ARE Opt Out" link in IC under "District Outside Links."
- Copy should be made by school and provided to parent upon submission.
- Original maintained by school.