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## Statewide Assessments: Parent/Guardian Decision Not to Participate

By completing this form, you are acknowledging that your student will not participate in statewide assessments and will not receive individual assessment results. This form must be submitted to your student's school or district office prior to testing.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Student ID Number (if known): \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Refusal: \_\_\_\_\_

**Please indicate the statewide assessment(s) you are opting your student out of this school year:**

Reading MCA/Alternate MCA

Science MCA/Alternate MCA

Mathematics MCA/MTAS

WIDA ACCESS/WIDA Alternate Access

Contact the school office for more information on how to opt out of local assessments.

(Note: This form is only applicable for the 2025 to 2026 school year.)

*Updated August 2025*