



# MOUNTAIN VIEW ACADEMY

## 2022-2023\_D49 State Assessment Parent Request Form for Opt Out

Please complete and return to the school principal by **March 10, 2022** in order to minimize impacts to school scheduling. One form per student. Thank you.

To: Dr. Amanda Ortiz-Torres, Principal of Mountain View Academy

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, request my student, who is in \_\_\_\_ grade, be excused from taking the following state assessments. I understand that this request for exemption from state assessments is valid for this school year only and applies to only the state assessments applicable to my student that I have selected below.

- \_\_\_\_\_ CMAS: English Language Arts (ELA) (Grades 3 - 8)
- \_\_\_\_\_ CMAS: Math (Grades 3 - 8)
- \_\_\_\_\_ CMAS: Science (Grades 5 & 8)

Assessments for students who meet specific requirements and do not qualify to take the assessments above:

- \_\_\_\_\_ CMAS: CoAlt English Language Arts (ELA) (Grades 3 – 8)
- \_\_\_\_\_ CMAS: CoAlt Math (Grades 3 - 8)
- \_\_\_\_\_ CMAS: CoAlt Science (Grades 5 & 8)

I understand that schools use state assessments to guide instruction, to place students in classes for the following school year, to determine programing effectiveness, and other purposes as well.

I understand there will be no negative consequences imposed on my student for requesting this exemption.

While assessments are occurring, I understand that my student will be supervised by school staff and will not be provided an alternate learning activity. I may, however, provide my student with independent educational materials.

I understand that the school will provide confirmation upon receiving this request for exemption. In most instances, a building leader will reach out to confirm the request with you.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Name - PRINT PLEASE**

\_\_\_\_\_  
**Date**

**Office Use:**  
Date Exemption Form received \_\_\_\_\_

Date of Parent Contact \_\_\_\_\_