



MOUNTAIN VIEW ACADEMY

2024-2025 State Assessment Parent Request Form for Opt Out

Please complete and return to the school principal by **March 7, 2025** in order to minimize impacts to school scheduling. One form per student. Thank you.

To: Natalia Brunton, 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)

_____ CMAS: Social Studies (Grades 4 & 7)

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)

_____ CMAS: CoAlt Social Studies (Grades 4 & 7)

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 _____