

LPSD Policy regarding Parent/Guardian Refusal (opt out) for Student Participation in Statewide Assessments

Statewide, standardized assessments are used to collect student achievement data, designate school performance, and compare school performance throughout the district, state, and nation. The Lake and Peninsula School District **requests** that each eligible student participate in statewide assessments. Students who do not participate in assessments are counted against performance indexes, and impact achievement data and comparisons. These are used to measure student achievement and guide efforts to distribute resources and students supports.

The Lake and Peninsula School District recognizes “the parent’s right to direct the education of the parent’s child” as outlined in Alaska HB 156 Sec 14.03.016. If a parent chooses to exercise this right they should inform site administration in writing. When possible the site instructional team (site administrator, teachers, others as appropriate) will meet with the parent to determine whether or not steps can be taken to include the student in assessments. The refusal form will be completed for each testing period. This document, the original letter, and any other appropriate documentation (IEP, phone log, emails,) will be collected and kept on file with the District Testing Coordinator.

Parent/Guardian Refusal for Student Participation in Statewide Assessments

A new refusal must be submitted for each assessment period.

Student, Full Name	State Grade Level
Parent Name	

Date of initial parent request		Request Form	Written	Oral
Written: If parent preference was in writing, include the original with this report.				
Oral: Request parent put preference in writing. Then include the original with this report.				

Instructional Team Meeting held: Yes No		Date:	
Team Member Name	Position	Signature	
	Principal		
	Head Teacher		
	Homeroom Teacher		
	Other		
	Other		

I received information on statewide assessments and choose to opt my student out of the following assessment: _____.

I understand that by signing the form that my school and I may lose valuable information about my student's academic achievement. Additionally, this may impact the ability of the state, district, and school to distribute resources equitably.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date** _____

I certify that all information included in this document is correct. The parent(s) and student(s) have been given all requested information to make this decision.

District Representative Name (print) _____

District Representative Signature _____ **Date** _____