



Minnesota Statutes, section 120B.31, subdivision 4a, requires the commissioner to create and publish a form for parents and guardians to complete if they refuse to have their student participate in state-required standardized assessments. Your student's district may require additional information. School districts must post this three-page form on the district website and include it in district student handbooks.

## Parent/Guardian Refusal for Student Participation in Statewide Assessments

To opt out of statewide assessments, the parent/guardian must complete this form and return it to the student's school.

To best support school district planning, please submit this form to the student's school no later than January 15 of the academic school year. For students who enroll after a statewide testing window begins, please submit the form within two weeks of enrollment. A new refusal form is required **each year** parents/guardians wish to opt the student out of statewide assessments.

Date \_\_\_\_\_ (This form is **only** applicable for the 20\_\_ to 20\_\_ school year.)

Student's Legal First Name \_\_\_\_\_ Student's Legal Middle Initial \_\_\_\_\_

Student's Legal Last Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Student's District/School \_\_\_\_\_ Grade \_\_\_\_\_

**Please initial to indicate you have received and reviewed information about statewide testing.**

\_\_\_\_\_ I received information on statewide assessments and choose to opt my student out. MDE provides the *Parent/Guardian Guide and Refusal for Student Participation in Statewide Testing* on the [MDE website](http://education.mn.gov) (education.mn.gov > Students and Families > Programs and Initiatives > Statewide Testing).

Reason for refusal:

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

\_\_\_\_\_ MCA/MTAS Reading                      \_\_\_\_\_ MCA/MTAS Science  
\_\_\_\_\_ MCA/MTAS Mathematics              \_\_\_\_\_ ACCESS/Alternate ACCESS for ELLs

Contact your school or district for the form to opt out of local assessments.

**I understand that by signing this form, my school and I may lose valuable information about how well my student is progressing academically. As a result, my student will not receive an individual score. Refusing to participate in statewide assessments may impact the school, district, and state's efforts to equitably distribute resources and support student learning; for the purpose of school and district accountability calculations, my student will not be considered "proficient."**

**If my student is in high school, I understand that by signing this form my student will not have an MCA score that could potentially save time and money by not having to take remedial, non-credit courses at a Minnesota State college or university.**

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

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

To be completed by school or district staff only. Student ID or MARSS Number \_\_\_\_\_