

TEST INVALIDATION FORM

Parent/Guardian Refusal to Test



Public Law 107-110 requires all students in grades 3 through 8 and 9 through 11 enrolled in public schools that receive federal funding to participate in accountability assessments. Failure to meet 95% participation rates compromises the school and district's accountability rating.

Directions: Complete ALL sections. Write legibly. Incomplete forms are not accepted. This form is valid for one assessment only. A new form will need to be filled out for each assessment being refused. Form is valid for one year only.

1. Please complete all information below for the STUDENT

Student Name		Student ID Number		Grade Level	
School Name					

2. Please complete all information below for the PARENT/GUARDIAN

Parent / Guardian Name					
Address			City, State, Zip		
Home Phone		Cell Phone		Work Phone	

3. Please mark the reason which explains why you are refusing testing for your student.

- Medical Reason** (must have Medical Exemption form signed by Doctor, attached to this form, not all requests will be approved as "medical exemption" and are to be approved by the NM PED)
- Personal Reason** (must have written or typed explanation attached to this form)

4. I am requesting that my child not participate in the following Assessments which occur in the Santa Fe Public Schools Testing Program during the 2014-2015 school year.

(Mark **ONLY** one assessment per form)

- New Mexico Standards Based Assessment (SBA/HSGA), Grades 4, 7 & H3***
- Partnership of Assessment of Readiness for College & Careers (PARCC), Grades 3-8 & HS***
- New Mexico Alternate Performance Assessment (NMAPA), Grades 3-8, H2* & H3***
- National Center and State Collaborative (NCSC-Alternate to PARCC), Grades 3-8 & HS***
- English Language Proficiency Assessment (ACCESS for ELLs), Grades K-12**
- DIBELS Next/IDEL**
- Discovery Education Assessment (DEA)**

5. I take full responsibility and understand that my decision not to allow my child to test may:

(Initial each – initialing each signifies that the parent/guardian understands the consequence of not allowing a student to test)

_____ Limit my student's ability to be identified for supplemental educational services which are federally funded (e.g., Title I and K-3+/Reading First).

_____ Jeopardize the school's accountability rating (failure to meet 95% required participation rates).

_____ If my student is in high school and does not participate in the state-wide mandated assessments, my student cannot meet graduation requirements. If my student does not participate in End of Course exams, my student will not be able to meet alternative demonstrations of competency.

Parent / Guardian Signature
(Typed Signatures are not accepted)

Date

Immediately send a copy of this form to:
Office of Accountability & Strategy, Attn: District Test Manager
 610 Alta Vista, Santa Fe, NM 87505 11.25.2014