**2025 RMCA State Assessment Parent Request Form for Opt Out**

Please complete and return to the school principal by ***March 14, 2025*** in order to minimize impacts to school scheduling. One form per student. Thank you.

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

School Principal’s Name School Name

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.

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

\_\_\_\_\_ CMAS: English Language Arts (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: Dynamic Learning Maps (DLM) English Language Arts and Math (Grades 3 - 8)

\_\_\_\_\_ CMAS: CoAlt Science (5 & 8)

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_