

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.



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

**To opt out of statewide assessments, this form must be completed by the parent/guardian and returned 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. Parents/guardians are required to submit a refusal form **each year** they 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 information about statewide testing.**

\_\_\_\_\_ I received information on statewide assessments and choose to opt my student out. MDE provides a *Parent/Guardian Guide to Statewide Testing* on the [MDE website](#) (Students and Families > 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 or Alternate ACCESS for ELLs

**I understand that by signing this form I may lose valuable information about how well my student is progressing academically. In addition, opting out may impact the school, district, and state's efforts to equitably distribute resources and support student learning.**

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

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

To be completed by school or district staff

Student ID or MARSS Number \_\_\_\_\_