



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 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 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

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

I understand that by signing this form, my student will receive a score of "not proficient" and waives the opportunity to receive a college-ready score that could save him/her time and money by not having to take remedial, non-credit courses at a Minnesota State college or university. My school and 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 only. Student ID or MARSS Number _____