

Parental Exclusion from State Assessments Form: 2025-2026

Elementary State Assessments

The data obtained from these assessments may be utilized by teachers and administrators to review student academic progress, plan instruction, and share with students and parents. Summative assessments allow for data to be used in public reporting about school quality. Although you can submit a Parental Exclusion form at any point, if you submit the Parental Exclusion form to the school at least 24 hours prior to your child taking the test(s), the school will ensure that your child doesn't access the test(s). [Board Rule 277-404-7](#)

As a parent/guardian, I **do not** want my child to participate in the assessments below, during the 2025-2026 school year.

Note: This form must be returned annually to your school.

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|---|---|
| <input type="checkbox"/> Acadience Math | <input type="checkbox"/> RISE Benchmark Modules Mathematics |
| <input type="checkbox"/> Acadience Reading | <input type="checkbox"/> RISE Benchmark Modules Science |
| <input type="checkbox"/> DLM English Language Arts (ELA) | <input type="checkbox"/> RISE Benchmark Modules Writing |
| <input type="checkbox"/> DLM Mathematics | <input type="checkbox"/> RISE Interim English Language Arts (ELA) |
| <input type="checkbox"/> DLM Science | <input type="checkbox"/> RISE Interim Mathematics |
| <input type="checkbox"/> Dual Language Immersion Proficiency | <input type="checkbox"/> RISE Summative English Language Arts (ELA) |
| <input type="checkbox"/> Early Literacy Alternate Assessment | <input type="checkbox"/> Rise Summative Mathematics |
| <input type="checkbox"/> Early Mathematics Alternate Assessment | <input type="checkbox"/> RISE Summative Science |
| <input type="checkbox"/> RISE Benchmark Modules English Language Arts (ELA) | <input type="checkbox"/> RISE Summative Writing (Grade 5) |

Student Name: _____ Student ID: _____

Parent Name (Please Print): _____ Phone/email: _____

Parent Signature: _____ Date: _____

Student's School: _____ Student's Grade Level: _____