



# UTAH STATE BOARD OF EDUCATION

David L. Crandall, Chair      David L. Thomas, First Vice Chair  
Jennifer A. Johnson, Second Vice Chair

Dixie L. Allen      Brittney Cummins      Jefferson Moss  
Laura Belnap      Linda B. Hansen      Spencer F. Stokes  
Leslie B. Castle      Mark Huntsman      Terryl Warner  
Barbara W. Corry      Stan Lockhart      Joel Wright

Sydnee Dickson, State Superintendent of Public Instruction  
Lorraine Austin, Board Secretary

## MEMORANDUM

**TO:** Members, Utah State Board of Education

**FROM:** Rich Nye, Deputy Superintendent  
Jo Ellen Shaeffer, Educational Director

**DATE:** September 8-9, 2016

**ACTION:** Approval for Updated Parental Exclusion Forms for Statewide Assessment

---

### **Background:**

R277-404-6 provides for a *Parental Exclusion Form* that is made available on the USBE website. The form needs to be updated to reflect state required assessments for the 2016-2017 school year. The current form can be found at:

<http://www.schools.utah.gov/assessment/Home/ParentalExclusion.aspx>

### **Board Strategic Plan:**

The Utah State Board of Education will set the general statewide conditions in which each student can excel, including equity of educational opportunities and culturally responsive practices to promote each student's academic success and well-being.

### **Anticipated Action:**

It is anticipated that the Standards and Assessment Committee will consider form options and approval of a new Parental Exclusion form(s) for the 2016-17 school year, if approved by Committee, the Board consider approving the new Parental Exclusion form(s) for the 2016-2017 school year.

### **Contact:**

Jo Ellen Shaeffer, 801-538-7811  
Rich Nye, 801-538-7554



# Utah State Board of Education

## 2016-2017 Parental Exclusion from State Assessments ACCESS/DLM/UAA

As a parent/guardian, I **do not** want my child to participate in the following assessment during the 2016-2017 school year:

*Student Name* \_\_\_\_\_ *Student ID* \_\_\_\_\_

The data obtained in these assessments are utilized by teachers and administrators to review student progress toward learning targets, plan instruction, provide teacher feedback, inform potential course placement, provide important achievement data to students and parents and allow for public reporting about school quality.

ACCESS (English Language Learners)

DLM (Dynamic Learning Maps) ELA & Math for students with significant cognitive disabilities

UAA (Utah Alternate Assessment) Science for students with significant cognitive disabilities

I acknowledge that this signed form must be returned to the principal of my child's school on an annual basis and at least one day prior to the beginning of the assessment. This information will be kept at the child's school.

---

---

---

---

---

---

---

Parent/Guardian Signature

Parent/Guardian Name (please print)

Contact Information (phone/email)

My Child's Grade

My Child's School





# Utah State Board of Education

## 2016-2017 Parental Exclusion from State Assessments Dynamic Indicators of Basic Early Literacy (DIBELS)

As a parent/guardian, I **do not** want my child to participate in the following assessment during the 2016-2017 school year:

*Student Name* \_\_\_\_\_ *Student ID* \_\_\_\_\_

The data obtained in these assessments are utilized by teachers and administrators to review student progress toward learning targets, plan instruction, provide teacher feedback, inform potential course placement, provide important achievement data to students and parents and allow for public reporting about school quality.

- DIBELS (Kindergarten)
- DIBELS (Grade 1)
- DIBELS (Grade 2)
- DIBELS (Grade 3)
- AAPPL (Assessment of Performance toward Proficiency in Languages) for students in Dual Immersion Language Programs

I acknowledge that this signed form must be returned to the principal of my child's school on an annual basis and at least one day prior to the beginning of the assessment. This information will be kept at the child's school.

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

Parent/Guardian Signature  
 Parent/Guardian Name (please print)  
 Contact Information (phone/email)  
 My Child's Grade  
 My Child's School



# Utah State Board of Education

## 2016-2017 Parental Exclusion from State Assessments Graduation Requirements, Civics Exam, Financial Literacy

As a parent/guardian, I **do not** want my child to participate in the following assessment during the 2016-2017 school year:

*Student Name* \_\_\_\_\_ *Student ID* \_\_\_\_\_

The data obtained in these assessments are utilized by teachers and administrators to review student progress toward learning targets, plan instruction, provide teacher feedback, inform potential course placement, provide important achievement data to students and parents and allow for public reporting about school quality.

General Financial Literacy Assessment

Civics Exam

*\*Passage of the Civics exam is required for graduation*

I acknowledge that this signed form must be returned to the principal of my child's school on an annual basis and at least one day prior to the beginning of the assessment. This information will be kept at the child's school.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Name (please print)

\_\_\_\_\_

Contact Information (phone/email)

\_\_\_\_\_

My Child's Grade

\_\_\_\_\_

My Child's School

\_\_\_\_\_



# Utah State Board of Education

## 2016-2017 Parental Exclusion from State Assessments Student Assessment of Growth and Excellence (SAGE)

As a parent/guardian, I **do not** want my child to participate in the following assessment during the 2016-2017 school year:

*Student Name* \_\_\_\_\_ *Student ID* \_\_\_\_\_

The data obtained in these assessments are utilized by teachers and administrators to review student progress toward learning targets, plan instruction, provide teacher feedback, inform potential course placement, provide important achievement data to students and parents and allow for public reporting about school quality.

SAGE Summative English Language Arts/Literacy/Writing

SAGE Summative Math

SAGE Summative Science

SAGE Interim English Language Arts/Writing

SAGE Interim Math

SAGE Interim Science

SAGE Benchmark modules for formative instruction

SAGE Practice Tests (Open Public Access)

SAGE Formative testlets for formative instruction

I acknowledge that this signed form must be returned to the principal of my child's school on an annual basis and at least one day prior to the beginning of the assessment. This information will be kept at the child's school.

\_\_\_\_\_ Parent/Guardian Signature  
 \_\_\_\_\_ Parent/Guardian Name (please print)  
 \_\_\_\_\_ Contact Information (phone/email)  
 \_\_\_\_\_ My Child's Grade  
 \_\_\_\_\_ My Child's School