

**2019-20 State Testing Refusal Form**

**DESCRIPTION OF RIGHTS**

During Minnesota’s 2016 legislative session the following language was adopted. HF 2749, Lines 459.17-459.27 Sec. 22. Minnesota Statutes 2014, section 120B.31, is amended by adding a subdivision to read: Subd. 4a. Student participation. The commissioner shall create and publish a form for parents and guardians to complete if they refuse to have their student participate in state or locally required standardized testing. The form must state why there are state academic standards, indicate which tests are aligned with state standards, and what consequences, if any, the school or student may face if a student does not participate in state or locally required standardized testing. This form must ask parents to indicate a reason for their refusal. This is effective for the 2016-2017 school year and later.

**To refuse participation in MCA testing, this section must be completed by the parent/guardian or adult student:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Legal Last Name: | | Enter student’s last name here | | |
| Student’s Legal First Name: | | Enter student’s first name here | | |
| Student’s ID Number: | Enter ID number | | Enrolled Grade: | Select grade |
| Student’s School: | Select school | | Date: | Select date |

**Please indicate the test(s) you are refusing to participate in MCA testing for the 2019-20 school year:**

|  |  |
| --- | --- |
|  | MCA Reading (Grade 10) |
|  | MCA Math (Grade 11) |
|  | MCA Science (Students completing Biology) |

**Reason for refusal: (Please briefly explain in the space below)**

Please briefly explain the reason for refusal.

To best support school district planning, please submit this form to your child’s school no later than March 5, 2020. This form is only valid for the 2019-20 school year. Parents and adult students are required to submit refusal form annually should they wish to be exempted from MCA tests.

**Initial here**

\_\_\_\_\_\_\_I understand that by signing this form I may lose valuable information about how well my child is progressing in Reading, Math and/or Science on the state MCA tests aligned to state standards.

**Initial here**

\_\_\_\_\_\_\_In addition, refusal to participate may impact my child’s course placement and the school and district’s efforts to equitably distribute resources and support student learning.

|  |  |
| --- | --- |
| Parent/Guardian\* (signature) |  |

\*Adult students (age 18 and older) may sign on their own behalf and do not require a signature by a parent or guardian.

|  |  |
| --- | --- |
| Parent/Guardian or Adult Student (printed name) | Type or print parent/guardian name here. |

Principal or School Designee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_