

## PARENTAL DECISION FORM

In order to properly accommodate students during the upcoming State Assessments, we are requesting that you indicate your intent for your child's participation. Please mark the appropriate spaces below by checking all that apply, complete the bottom of the form, and return it to your child's homeroom teacher or your principal.

### GRADES 3-8

#### ELA

\_\_\_\_\_ I would like my child **to** participate in the NYS English Language Arts Assessment.

\_\_\_\_\_ I would like my child **not to** participate in the NYS English Language Arts Assessment.

#### MATH

\_\_\_\_\_ I would like my child **to** participate in the NYS Mathematics Assessment.

\_\_\_\_\_ I would like my child **not to** participate in the NYS Mathematics Assessment.

#### SCIENCE (GRADE 8 ONLY)

\_\_\_\_\_ I would like my child **to** participate in the NYS Science Assessment.

\_\_\_\_\_ I would like my child **not to** participate in the NYS Science Assessment.

Students who will not be participating in an assessment will be provided an alternate setting during the course of assessment administration. Thank you in advance for your assistance with this matter.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_