

Pursuant to Mesa County Valley SD 51 policy and state law (CRS 22-7-1013), Parent/Legal guardian may excuse their child from participating in specific state-mandated assessments by signing/completing this Request for Excusal form. Parent/Legal guardian shall submit the said document, in person, to the principal of the school(s) where the child is enrolled.

Under the **Every Student Succeeds Act** (ESSA), the Colorado Department of Education holds all schools accountable for participation numbers and how students perform on state testing. This means Colorado is responsible for having a plan in place to identify schools that are underperforming. In other words, it is a way for states to know how students are faring within each school, which is determined through standardized test scores. These scores are also used locally, within a body of evidence, to help determine placement in advanced courses/programs and to identify specific instructional needs of our students.

- **The completed form must be submitted to the school prior to the start of testing.**
- Schools should not accept or approve requests for exemption after testing has commenced.
 - **A separate completed form is required for EACH student.**

Print Student Name	Student ID/Lunch #	Date of Birth	School

Does student qualify to take **Colorado Alternate (CoAlt)** Assessments in place of CMAS, PSAT or SAT? **Yes, CoAlt**
**School Secretary: If yes, mark student exempt from CoAlt in Synergy*

Student's Grade	Which Assessment(s) is Student being excused from?					
	CMAS / *CoAlt				PSAT/*CoAlt	SAT/*CoAlt
	ELA	Math	Science	Social Studies		
3 rd	<input type="checkbox"/>	<input type="checkbox"/>	---	---	---	---
4 th	<input type="checkbox"/>	<input type="checkbox"/>	---	---	---	---
5 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---	---	---
6 th	<input type="checkbox"/>	<input type="checkbox"/>	---	---	---	---
7 th	<input type="checkbox"/>	<input type="checkbox"/>	---	---	---	---
8 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---	---	---
9 th	---	---	---	---	<input type="checkbox"/>	---
10 th	---	---	---	---	<input type="checkbox"/>	---
11 th	---	---	<input type="checkbox"/>	---	---	<input type="checkbox"/>

By signing below, I certify I have educational decision-making authority regarding this student. I elect to excuse my student from one or more of their assigned state assessment(s).

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date