

# DEPTFORD TOWNSHIP SCHOOLS

## 2016-2017 STATE ASSESSMENT REFUSAL FORM

**Student's Name:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**School:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**State Assessment Being Refused:** \_\_\_\_\_ **Testing Dates:** \_\_\_\_\_

The New Jersey Department of Education, pursuant to State law and regulations, requires all students to take state assessments as scheduled. There is no provision for a student to opt-out of state assessments. Therefore, the Deptford Board of Education requires all students to take state assessments and the Deptford Board of Education cannot grant permission to a parent for their child to opt-out of required state assessments. When a parent chooses to refuse to allow their child to participate in state assessments, it is critical that parents are informed as to the potential impact of this decision. Parents are required to speak to school officials to ensure that they are making the most informed decision before choosing to refuse testing. If you have met with a building administrator in the prior year for a refusal please fill out this form and submit to your building principal. Another administrative meeting will not be required. If this is the first time that you are choosing to have your child refuse to take the state assessment please schedule a meeting with your child's building principal.

This form is not in any way intended to promote or deter refusals for the state assessment; however, the Deptford Board of Education recognizes the need for a standard operating procedure regarding this issue. As such, parents must initial beside each statement and sign below to indicate their understanding of the impact in refusing the state assessment noted above.

I understand that state assessments provide diagnostic feedback that can help to improve learning. By refusing to take this state assessment, I will not be able to receive this diagnostic feedback about my child that parents of tested students will receive.

\_\_\_\_\_  
**Parent/Guardian Initial**

I understand that refusing to take any part of this state assessment constitutes a refusal to take all parts of this state assessment for the remainder of this school year.

\_\_\_\_\_  
**Parent/Guardian Initial**

I understand that students who do not participate in this state assessment will be required to participate in developmentally appropriate learning activities under the supervision of school staff.

\_\_\_\_\_  
**Parent/Guardian Initial**

I understand that students who do not participate in the state assessment are required to report to school during testing, or they will be marked late or absent from school according to our school district policy.

\_\_\_\_\_  
**Parent/Guardian Initial**

**For Students in Grades 9-11 Only:**

I understand that for high school students, performance on State assessments can have an impact on graduation requirements. I am aware of this impact and choose to refuse to test anyway.

\_\_\_\_\_  
**Parent/Guardian Initial**

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For our data collection and accountability purposes, please provide a brief description of why you are choosing to refuse New Jersey's State Assessment(s).

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\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**For Administrator Use:  
(please use blue ink)**

**The "State Assessment Refusal Form" was reviewed with the parent/guardian by:**

**Administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**For Main Office Use:**

**Received by:** \_\_\_\_\_

**Date Stamp:**

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**STATE ASSESSMENT REFUSAL FORMS WILL  
NOT BE ACCEPTED AFTER MARCH 17, 2017.**