



Utah County Academy of Sciences

An Early College High School

As a parent/guardian, I **do not** want my child to participate in the following assessments during the 2016-17 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.

*Summative results are reported to AIR, USOE, and UCAS. Interim/Formative results are reported to UCAS only

____ SAGE (Student Assessment of Growth and Excellence) **English Language Arts/Literacy/Writing** (given end of course)

____ ACCESS (English Language Learners)

____ SAGE (Student Assessment of Growth and Excellence) **Math** (given end of course)

____ ACT Plan (10th grade students)

____ ACT Explore (8th or 9th grade students)

____ SAGE (Student Assessment of Growth and Excellence) **Science** (given end of course)

____ DIBELS (Dynamic Indicators of Basic Early Literacy) Grades 1-3

____ SAGE Interim (given mid-course)

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

____ SAGE Formative (given throughout course at teacher's discretion)

____ UAA (Utah Alternative Assessment) **Science** for students with significant cognitive disabilities

____ Civics Exam
***Passage of the Civics exam is required for graduation**

____ AAPPL (Assessment of Performance toward Proficiency in Languages) for students with Dual Immersion Language programs.

____ General Financial Literacy Assessment
***Passage of finance Exam required for UVU CE credit**

____ ACT (11th grade students)

I understand that when computer adaptive tests are given to my child's class, my child will be provided an alternative exam that will produce similar data as that on the computer adaptive test. My child understands that it is their responsibility to NOT create an online account through the SAGE testing portal.

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