

Assessment Confirmation

(To be completed by ESs/parents along with the 1st enrollment SA and Fall SA each school year after)
Mail with the Student Agreement to: IEM, 1166 Broadway, Suite Q, Placerville, CA 95667

This letter is to provide notification and confirmation that you have received your mandatory school testing information from your ES, and understand the school requirements. This form provides us with your commitment that your student will attend these mandated assessments to be in compliance with state and federal law so that we can continue to provide the wonderful parent choice now available through your Charter School. **Without your student's participation our charter school may cease to exist!**

Directions: Parent **please initial each section**, as directed below, indicating your agreement that your student will participate in all of the school, state, and federally required assessments listed. Failure to initial each applicable section below may bar enrollment in this charter school for your student(s).

ALL PARENTS MUST INITIAL ALL THREE ITEMS IN THIS SECTION

____ **Online School Pre-Test and Post-Test is administered to all students 2 – 12, WRAT test for grades K and 1.**
This assessment is taken with your ES online on either your computer in your home, on a computer your ES may bring with him/her to your home or in a location with computer access arranged with your ES.

____ **CELDT Assessments will be given to EL students K-12 as required by law**
You will be notified if this language assessment is required for your student. The test will be administered in a location given to you at the time the test is arranged for your student.

____ I will provide **transportation** for my child to the testing locations for all of their required assessments (**K-12**).
Transportation to all of the required assessments listed below is the responsibility of the parent/student and not this charter school.

GRADES 2-11 MUST INITIAL ONE ITEM IN THIS SECTION

____ **Mandated STAR Assessment for all students in grades 2-11 each spring.**
Please note that even if your 11th grade student plans to graduate this year, he/she is still considered an 11th grader and must take the STAR. Testing will take place over a 3-4 day period in various geographic locations schoolwide. A portion of Student Instructional Funding will be spent on materials reviewing the State Content Standards in preparation for this assessment.

____ **Mandatory School Assessment for all students in grades 2-11 each spring.** (Only initial if STAR above is not initialed)
This mandatory assessment takes place in Waterford and will take place over a 7 day period (all days are required) with transportation to Waterford to be provided by the parent. This schoolwide assessment may not be waived by the parent/student, but may be waived by the school if the student attends the STAR Assessment for the same school year (Choose the “Mandatory STAR assessment” in this section, if you wish to request that this test be waived by your student’s participation in the STAR.)

PARENTS MUST INITIAL ANY GRADE APPROPRIATE ITEM IN THIS SECTION

____ **CAHSEE for all 10th graders, and 11th/12th graders who have not yet passed the CAHSEE (We must have official written proof that both sections of this test have been passed, or the parent MUST initial).**
This mandatory High School Exit exam must be first taken when the student is in 10th grade, then until it is passed.

____ **Physical Fitness Testing (PFT) is administered in conjunction with STAR testing for grades 5, 7, and 9 ONLY.**
Does your student have any pre-existing medical conditions that would prohibit them from participating in any of the following physical fitness testing: one mile walk/run, shoulder stretches, body weight/height, curl-up, trunk lift, push-ups? Please list medical condition: _____

____ **Mandated STAR Writing Test for all 4th and 7th Graders** (occurs at a different time/location than other STAR assessments.)

OPTIONAL

____ I would like to **volunteer** to help as a parent volunteer at my student’s STAR testing site in the Spring. I understand that I cannot be in the same room as the one my child is in for testing. Contact Number: _____

____ I will need a test location that does not conflict with my religious beliefs.

I agree to take responsibility to see that my child is at each mandated test session for their grade level. I understand my enrollment in this charter school can only occur if I have initialed above as directed, signed below, and my student attends the required assessment sessions that are considered a school appointment according to our school’s truancy policy.

Parent Name: _____ Parent Signature: _____

Students Names: _____ Grade Levels: _____

ES Name: _____ Date: _____ ES Advisor: _____