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**PARENT/GUARDIAN REFUSAL  
FOR STUDENT PARTICIPATION IN DISTRICT MAP TESTING**

Date: \_\_\_\_\_ (This form is only applicable for the current school year)

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student School: \_\_\_\_\_

Reason for refusal (REQUIRED):

Parent Guardian Name (print) \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_

Return this form (by mail, fax, or email) to the Department of Research, Evaluation and Assessment **three weeks before the start date** of MAP testing in the student's school. Test dates are posted to the district website under the Department of Research, Evaluation and Assessment.

**Department of Research, Evaluation and Assessment**

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