

MCAS Nonparticipation Form

I am aware that all Massachusetts students must meet the Competency Determination (CD) standard described on the Department of Elementary and Secondary Education's website at www.doe.mass.edu/mcas/graduation.html, in addition to meeting all local graduation requirements, to earn a high school diploma.

I understand that I have the right to participate in testing as many times as I need, during high school and after. I may participate in ELA, Mathematics, and STE retesting opportunities, which are offered multiple times each year.

My school has offered me the opportunity to participate in testing (listed below). However, I choose not to participate in this test administration. I understand that additional opportunities will be available to me in the future. If I do not meet the testing portions of the Competency Determination requirements, this may affect my ability to graduate on time with my class.

Please write your initials in the space on the next line, and sign and date the form.

_____ I choose not to participate in the following testing opportunity:
Student's Initials

Administration Dates and Subject(s)

Signature of Student

Signature of Parent/Guardian

Name of Student

Name of Parent/Guardian

Date

Date

This form will be kept on file at

High School Name