*Sample Letter*

Dear Parent(s) or Guardian(s):

Students will be asked to read statements about their responsibilities during MCAS testing and to sign an acknowledgement indicating they understand these responsibilities. The statements are shown below. We recommend that you discuss them with your child along with the school’s handbook and related policies.

Thank you for your involvement in your child’s education.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal

By signing below, I understand that **my MCAS test results may be invalidated if I do any of the following activities** during a test session (including after turning in my test materials or submitting my computer-based test, during a break, or during the transition to a test completion area):

* discussing test content with a student who has not tested yet
* duplicating, photographing, or copying any portion of the tests that are on a computer screen (or in test & answer booklets)
* accessing prohibited materials such as cell phones or other electronic devices (e.g., smart watches, ear buds, any device capable of taking photographs) for any purpose
* communicating with other students (e.g., talking, whispering, writing notes)
* looking at any other student’s computer screen (or test & answer booklets)
* asking for or receiving help from anyone (except for reporting a concern about a test question to a test administrator)
* providing help to another student
* consulting notes, books, or extra reference sheets or materials during testing
* accessing the Internet or using any application on your device other than the testing application

If I have any questions about these statements, I will talk with my teacher or principal.

I understand that there may also be school-based consequences if I do any of the activities listed above or otherwise violate test administration rules.

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| **I have read these statements and understand them.** |
| Student’s Printed Name   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |