



Miller Place School District

Annual Assessment Form

School Year 2017-18

Completed form must be submitted with Initial Packet

ATTN: Natalie Vazquez

Miller Place School District 7 Memorial Drive, Miller Place, NY 11764



Child's information			
Name: Last	First	Middle	Grade Level
Please Select Annual Assessment Option: (Only Choose One)			

- My child will take a Commercially published norm-form referenced achievement test. **Acceptable for All Grades.**
Exemption: This method is required for Grades 9-12.
- California Achievement Test Comprehensive Test of Basic Skills
 Stanford Achievement Test Metropolitan Achievement Test
 Iowa Test of Basic Skills State Education Department Test

Other*: _____

*Must be approved by the State Education Department.

- My child will take an Alternative Evaluation Method* **OR**
Acceptable for Grades 1-8 ONLY.
Exceptions: For grades 1-3 can use this method annually.
 For grades 4-8 can ONLY use this method every other year.
 This is NOT an acceptable method for Grades 9-12.

Please Specify Assessment Method:

*Must be presented to the Superintendent for further approval. Attach any necessary Documentation.

Please Sign and Date

Parent's Signature: _____ Date: _____

Notice to Parents

Ⓞ The district must be notified on or before **June 1st, 2018** if you are changing your Assessment Option.

OFFICE USE ONLY

Signature of School Personnel: _____ Date: _____

Signature of Superintendent: _____ Date: _____