BLOOMINGTON PUBLIC SCHOOLS

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
1350 West 106th Street
Bloomington, MN  55430
Phone: 952-681-6486
Fax: 953-681-6563
Email: cturitto@isd271.org