

(May be sent by the School District to the Parent, Guardian, or Legal or Actual Custodian who elects the opt-in provision under Option 2(dual enrolled) of CPI)

Notification to parents, guardians, or legal or actual custodians about the Annual Assessment

Dear Parent/Guardian/Legal or Actual Custodian:

According to Form A, you do not have an Iowa licensed teacher providing instruction or supervising your program of instruction and your child is between the ages of 7 and 15, inclusive, during the current school year. However, you have opted to have your child subjected to an initial baseline evaluation and an annual assessment every year thereafter under the opt-in provisions of CPI Option 2. Parents, guardians, or legal or actual custodians have the choice of standardized test, portfolio assessment, or the submittal of a report card from an accredited correspondence school to fulfill this option. Please complete the applicable portion of the form below and return this form to the school district.

Standardized Test

1. Please check one.

_____ Baseline, a "Baseline evaluation" is an option in the first year of home schooling for all children who elect the annual assessment option under Option 2 who are between the ages of 7 and 15, inclusive. **(Scores are recorded only, and not used to determine academic progress.)**

_____ Annual assessment

2. Grade level of child for the 2017-2018 school year _____

3. Who do you want to administer the test?

School District _____ Area Education Agency _____ Nonpublic school or Testing Service _____

(Parents/Guardians/Legal or Actual Custodians who have their children tested by a nonpublic school or testing service need only report the required test scores along with test administration certification to the state. May 1 is the deadline to complete the testing. June 30 is the deadline to report the results to the state. Please skip to question 5.)

4. Below is listed the test and date of the annual assessment that the district will be offering. If your child will be taking this test, please check.

Test _____ (Completed by the School District) _____

Date _____ (Completed by the School District) _____

If you want a different test to be administered, please check with the district and/or AEA for the costs, dates and times.

5. Student's name, Parent/guardian/legal or actual custodian, address, and telephone number:

(Student's name and Parent/guardian/legal or actual custodian's name) (Phone number-optional)

(Address) (City/State/ZIP)

Note: There will not be a cost for the administration of the test.

Portfolio Assessment (The parent, guardian, or legal or actual custodian is responsible for finding a portfolio evaluator.)
Indicate the licensed Iowa teacher's name, folder number, and address below that will be the portfolio evaluator.

(Name) (Teacher folder number) (Phone number-optional)

(Address) (City/State/ZIP)

Report Card from Accredited Correspondence School

_____ Report Card from an accredited correspondence school
Name of school _____ Proper accreditation _____-Yes _____-No

District Contact
(Name, Address, and Phone number)

Area Education Agency Contact
(Name, Address, and Phone number)
