MILPITAS
UNIFIED SCHOOL DISTRICT

Mathematics Diagnostic Test
Student Opt-Out Letter

To: Classroom Teacher

From: Milpitas Parent/Guardian
Re: Participation in Math Diagnostic Test: **Spring 2024**
Due: To classroom teachers by Tuesday, April 30, 2024.

- ❑ I am requesting my student NOT PARTICIPATE in the diagnostic testing offered to all 6th and 7th grade students at the end of the school year for the purposes of math placement. **I understand that opting out of the diagnostic testing will preclude my student from acceleration consideration.**

- ❑ Please select the school your student currently attends.
  - ❑ Burnett
  - ❑ Curtner
  - ❑ Pomeroy
  - ❑ Randall
  - ❑ Rose
  - ❑ Sinnott
  - ❑ Spanger
  - ❑ Weller
  - ❑ Zanker
  - ❑ Rancho Middle School
  - ❑ Russell Middle School

_____ _____ _____th Grade
Student Last Name (print) Student First Name (print)

_____
Parent/Guardian Signature Date

*Please email, or print and return this form to your child's classroom at your local Elementary/Middle School Site by April 30, 2024.