



**AURORA**  
**PUBLIC SCHOOLS**  
— Power Your Potential —

**Assessment Department**

15751 E. First Ave.  
Aurora, CO 80011

303-340-0859 phone

According to Aurora Public Schools policies IKA and IKA-R, the parent/guardian of a student enrolled in the district may request that their student be exempt from participating in one or more state assessments.

Filling out this form meets the requirements for our district and the Colorado Department of Education.

\*This form must be completed and returned to your students' school each school year. Please contact your school for the submission deadline of this form. (Typically 3-4 weeks before testing begins)

I am choosing to opt out my student, \_\_\_\_\_, student ID#: \_\_\_\_\_ grade \_\_\_\_\_, from the following state assessments for the current school year, 2024-2025.

\_\_\_\_\_ CMAS English Language Arts (grades 3-8)

\_\_\_\_\_ CMAS Math (grades 3-8)

\_\_\_\_\_ CMAS Alternate Assessment (DLM)

\_\_\_\_\_ CMAS Science (grades 5, 8, and 11)

\_\_\_\_\_ CMAS Science Alternate Assessment (CoAlt) (grades 5, 8, and 11)

\_\_\_\_\_ CMAS Social Studies (grades 4 and 7)

\_\_\_\_\_ CMAS Social Studies Alternate Assessment (CoAlt) (grades 4 and 7)

\_\_\_\_\_ SAT Colorado School Day (grade 11)

\_\_\_\_\_ PSAT Colorado School Day (grades 9 & 10)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/202\_\_  
Month/date/year

**For office use only**

Signature of Assessment Coordinator or Principal:

\_\_\_\_\_  
Date Received: \_\_\_\_/\_\_\_\_/202\_\_  
Month/date/year