

# Annual Evaluation Notification Form for Parent, Guardian, or Custodian

Official Department Form: Required District Notification for Family of CPI Student Under Option 2 With Dual Enrollment or Optional Reporting

## Notification

Dear parent, guardian, or custodian:

According to Form A, you do not have an Iowa-licensed teacher providing instruction or supervising your program of instruction for your student of compulsory attendance age. However, you have opted to have your student subjected to an initial baseline evaluation and an annual evaluation every year thereafter under CPI Option 2 with dual enrollment or optional reporting. A parent, guardian, or custodian has the choice to fulfill these evaluation requirements by standardized assessment, portfolio assessment or evaluation, or submission of an accredited correspondence school report card or transcript.

*Please complete the applicable portion of the following form and return this form to the school district. Please note that this form is optional (but recommended).*

## Form

Please complete only one of the following sections:

### ○ **Standardized Assessment**

#### 1. Evaluation Type

- Initial Baseline Evaluation (First Year Only)\*

*\*An initial baseline evaluation may only be used during the first year of homeschooling to establish a baseline for CPI Option 2 students of compulsory attendance age. It is not used to determine academic progress. Assessment prior to age seven cannot be used for baseline.*

- Annual Assessment

#### 2. Grade Level of Student for the 2022-2023 School Year: \_\_\_\_\_

#### 3. Requested Test Administrator

- School district

- Area education agency (AEA)

- Privately Selected Testing Service at the Family's Expense (skip to #5)\*\*

*\*\*Requires the family to report the required test scores and provide the test administration certification to the local school district by August 1. May 31 is the deadline to complete the testing.*

#### 4. Annual Assessment Test and Date

Below is the test and date of the annual assessment that the district will be offering. *Note:* There will not be a cost for the administration of the test. If your student will be taking this test, check the box next to the assessment.

\_\_\_ Test: ISASP (Iowa State Assessment of Student Progress) Date: [Districts: Insert Date]

A district may, but is not required to, offer additional standardized assessment options if requested. If you want a different test to be administered, please reach out to the indicated district and/or AEA contacts listed at the end of this form for the dates and times.

5. Student and Family Information

Student Full Name: \_\_\_\_\_

Parent/Guardian/Custodian Full Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Phone (Optional): \_\_\_\_\_

o **Portfolio Assessment or Evaluation**

The parent, guardian, or custodian is responsible for finding a portfolio evaluator. Indicate the licensed portfolio evaluator's name, folder number, and address below.

Evaluator Full Name: \_\_\_\_\_ Evaluator Folder Number: \_\_\_\_\_

Evaluator Address (Street, City, State, Zip): \_\_\_\_\_

Phone (Optional): \_\_\_\_\_

o **Accredited Correspondence School Report Card or Transcript**

Correspondence School Name: \_\_\_\_\_

Proper Accreditation: Yes No

**Contacts**

District Contact: [Insert Name, Address, and Phone Number]

AEA Contact: [AEA Contact Full Name, Address, and Phone Number]