Procedure for opting out of the PSSA or Keystone exam for religious reasons

Section 4.4 of Chapter 4 provides for the right of any parents or guardians to excuse their child from the state assessment if, upon inspection of the testing materials, they find the assessment to be in conflict with their religious beliefs. This is the only basis for a parent or guardian to excuse his or her child from the statewide assessments.

1. Two weeks prior to each testing window, each assessment must be made available for review by parents and guardians. The assessment must be reviewed on school district property and district personnel must be present at all times. Districts must provide a convenient time for the review. This may include an evening review time, if requested. Proper security and confidentiality of the assessment must be maintained at all times throughout the review process. District personnel may remove the prompt seals from one copy of a writing booklet to facilitate a review of the writing assessment.

2. Sites testing only online should contact DRC to order a set of paper assessments for the purposes of parental review. These paper assessments must be returned to DRC following the return instructions outlined in this handbook.

3. Parents and guardians must sign the Parent Confidentiality Agreement. A copy of this should be locally maintained. (Do not send this statement to PDE or DRC.) Parents and guardians may not photocopy, write down, or record any portion of the assessments, including directions. The Parent Confidentiality Agreement can be found in Appendix E of this handbook.

4. If after reviewing the test parents/guardians find the test conflicts with their religious belief and wish their student(s) to be excused from the test, the parents/guardians must provide a written request that states the objection and submit the request to the Superintendent or Chief Executive Officer.

5. If the student is excused from the state assessment due to parental or guardian request, school personnel must provide an alternative learning environment for the student during the assessment and complete the "Non-Assessed Students" grid by selecting "Student had a parental request for exclusion from the assessment".

6. Please be aware that students who do not participate in the assessment due to parental request will negatively affect the school's participation rate and can potentially have a negative impact on the school's AYP status.

AN EQUAL OPPORTUNITY EMPLOYER
Parent Confidentiality Agreement

In accordance with 22 Pa. Code § 4.4 and to ensure the security and confidentiality of the assessment, when any individual inspects a Pennsylvania System of School Assessment pursuant to 22 Pa. Code §§ 4.4 and 4.5, the individual must attest to the following:

As a parent of a student who will sit for a Pennsylvania System of School Assessment during the current school year, I understand that I have the right to review the relevant Pennsylvania System of School Assessment and that maintaining the validity of the assessment is of the utmost importance. I further understand that all PSSAs, including the content contained in each test booklet and answer booklet, are the secure, proprietary property of the Commonwealth of Pennsylvania, Department of Education (PDE). Therefore, I agree not to discuss, disseminate, or otherwise reveal the content of the assessment materials to anyone, including my own child(ren).

I understand that violation of these terms could result in personal liability for damages caused by a breach of test security, including but not limited to liability and/or costs associated with any of the following: retesting students; recalculating student/school/school district achievement data; developing/producing new test materials to replace compromised test materials; and investigations relating to the breach of test security.

I further understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Name (Print): ____________________________
Signature: ____________________________
Witnessed by: ____________________________
Date: ____________________________
Date: ____________________________