[DATE]

[Insert School] is preparing for the Montana Aligned to Standards Through-Year (MAST) assessment through the Montana Office of Public Instruction. Students in Grades 3-8 will take Math and English Language Arts (ELA) assessments in 3 administration windows as indicated in below chart:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Window 1** | **Window 2** | **Window 3** | |  |
|  | October 13 – December 5  (8 weeks) | January 12 – March 6  (8 weeks) | March 30 – May 22  (8 weeks) | |
| **Math** | 3-5 Testlets | 3-5 Testlets | 3-5 Testlets | 1 Math OR ELA Anchor Test |
| **ELA** | 2 BOY Testlets | 2 MOY Testlet  1 Performance Task Testlet | 2 EOY Testlets |

*\*The actual number of testlets your child(ren) takes each testing window will be contingent on your district’s local curriculum sequence.*

The MAST Assessment implements "through-year" assessments across the state that satisfy federal testing requirements and better align assessment with instruction to better support teaching and learning.

To gather valuable feedback regarding the student testing experience, students can participate in a short survey in the second testing window. The survey questions will focus on their experience with the assessment and will help shape future iterations of the MAST, improving statewide assessment in evaluating student learning.

More information about the MAST Assessment is available on the [OPI MAST webpage](https://opi.mt.gov/Leadership/Assessment-Accountability/Montana-Aligned-to-Standards-Through-Year) and the [MAST Portal](https://newmeridiancorp.org/montana-aligned-to-standards-through-year-program-portal/).

If, for any reason, you do not consent to your child’s participation in this survey, please sign the form below and return it to the school.

If you have any questions or concerns, please contact [NAME] at [PHONE NUMBER] or via email at [EMAIL ADDRESS].

Thank you.

Sincerely,

[Your Name], [Your Position]

My child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may NOT participate in the survey.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent of Legal Guardian Date

*Disclaimer: This letter is not to opt-out of state testing. All students, including students with disabilities and English Learners, are required by state and federal law to take part in the state assessments with or without accommodations. Generally, if a student can receive instruction then they are also able to participate in state assessments. Students may only be exempted from testing under certain, limited conditions. In these rare and unique instances, a student may be unable to participate in any part of the assessment due to a significant and documented medical reason. In these cases, the school is not penalized for that student's absence due to the documented significant medical emergency. Non-participation for any other reason will negatively impact the participation rate calculation* (MT OPI “MontCAS Policies and Procedures for Participation in State Assessments” p. 9)*.*