Notification of Parents’ Right-To-Know Statewide Testing Participation

Under the Every Student Succeeds Act (ESSA), a federal law, parents or legal guardians have the right to request information from DC Public Schools (DCPS) about their student’s participation in statewide assessments required by the DC Office of the State Superintendent of Education (OSSE) as part of DC’s ESSA plan. The statewide assessments required by the OSSE’s ESSA plan are the Partnership for Assessment of Readiness for College and Careers (PARCC), DC Science, Dynamic Learning Map (DLM), Multi-State Alternate Assessment (MSAA) and ACCESS for ELLs 2.0. To obtain a copy of the OSSE’s ESSA plan, please visit https://osse.dc.gov/essa.

ESSA also requires DCPS to make additional information on each statewide assessment publicly available. This information includes

(i) the subject matter assessed;
(ii) the purpose for which the assessment is designed and used;
(iii) the source of the requirement for the assessment;
(iv) the amount of time students will spend taking the assessment and the schedule for the assessment; and,
(v) the timeline and format for disseminating results.¹

This information can be found on the DCPS website at https://dcps.dc.gov/assessments.

If you would like to request additional information about your child’s participation in the assessment(s) mentioned above for the current school year, please complete the section below and email it to dcps.testing@k12.dc.gov. You may also mail it or drop it off at 1200 First St NE, Washington DC 20020 Attention: Assessments Team, Office of Data Systems and Strategy. Please expect a 10 day turn-around time.

Student First and Last Name (please print): __________________________________________

Student ID #: ___________________________ Student Grade: ___________________________

Student School: _______________________________________________________________

Parent/Legal Guardian Name (please print): _________________________________________

Information requested: _________________________________________________________

Signature of Parent or Legal Guardian of Student: _________________________________

Date: ____________________________