



Arlington  
Public  
Schools

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Department of Teaching and Learning . 2110 Washington Boulevard Arlington, Virginia 22204

### SOL Parental Refusal Form

In support of the federal and state mandate, Arlington Public Schools (APS) encourages parents to allow their students to participate in the Virginia’s Standards of Learning (SOL) tests at all grade levels in preparation for graduation requirements. In response to your request for information regarding the APS policy for parents to refuse participation by their children in SOL tests, please refer to the information and documents on the Virginia Department of Education (VDOE) website as cited below.

*“All students in tested grade levels and courses are expected to participate in Virginia’s assessment program, unless specifically exempted by state or federal law or by Board of Education regulations.”* <http://www.doe.virginia.gov/testing/participation/index.shtml>

Since participation in SOL tests is mandated by both the U.S. Department of Education and VDOE, neither the state nor APS has created a policy for parental refusal. Parents who inquire about refusing to allow their child to test are referred to their child’s school testing coordinator or principal to discuss their request to ensure that the parent understands the consequences and to encourage them to allow their child to participate.

Students who do not participate in SOL tests because of parental refusal will receive scores of NA on their tests and no report of achievement. These scores are part of the students’ permanent record and count against the school, the division, for Federal accountability.

Parents who refuse to allow their child to participate in the SOL tests are required to submit this form to the school, acknowledging that they understand the consequences for their child, the school, and the division. This document is maintained in the student’s file as a record of explanation for the student’s non-participation and test scores of NA. Please contact your Principal or School Test Coordinator with any questions.

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I acknowledge that I have read the attached document and understand the consequences of not participating in SOL testing for my child.

**Child’s Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent Name (Printed):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_