

STATE OF SOUTH DAKOTA
DEPARTMENT OF EDUCATION
Request to View Summative Assessment Records

Student First Name (Printed) M.I. Last _____
_____/_____/_____
Date of Birth _____
State Student ID Number (8 or 9 digit)

Grade (at time of testing) _____
District Name _____
School Name

Year test was taken

Test

- Smarter Balanced English language arts
- Smarter Balanced mathematics
- MSAA English language arts (Alternate Assessment)
- MSAA mathematics (Alternate Assessment)
- South Dakota Science
- South Dakota Science Alternate

Parents and legal guardians of students who were enrolled full-time or part-time in South Dakota public schools during state testing may view their child’s assessment.


This form must be completed for each student and must include the student’s State Student Identification Number. This number is found on a students’ Score Report or it can also be obtained from your local school district. This form must be returned to the South Dakota Department of Education at the address below. The Department will work with you and your school district to schedule a review date for the requested materials either in your school district or at the SD DOE offices.

Print Parent/Legal Guardian Name _____
Signature _____
_____/_____/_____
Date

Street Address (Apt Number or P.O. Box) _____
(_____) _____ - _____ Ext. _____
Daytime Telephone

City, State, ZIP _____
Email

Return to:
Assessment Office
ATTN: Request to View
SD Department of Education
800 Governors Drive
Pierre SD, 57501

 <p>south dakota DEPARTMENT OF EDUCATION Learning. Leadership. Service.</p>	SD DOE Use Only			__Gen	__Alt
	Date Rcvd	Date Rqst vendor	Date Rqst dist	Date Review	
	_ELA_M_S	Date Rcvd vendor	Date Rcvd dist	Location	