**Extraordinary Circumstance Non-Participation Form**

**Kentucky Common Kindergarten Screen 2016-17**

Testing window dates:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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|  | | | |  | | | | | | |  | | |
| **REQUIRED: District K Screen Contact** | | | | | |  | | | | | **Date** | | |
|  | |  | |  | | | | | | |  | |  | |
| **REQUIRED: State Student Identification Number (SSID)** | | |  |  | | | | | |  | |  | |
|  |  | | |  | | |  | | | |  | | |
| **Student’s Last Name** | **First** | | | **MI** | | |  | | | | **Student’s Grade Level** | | |
|  | | | |  | | | |  | | | | | |
| **District and School Student Attends** | | | |  | | | | **Attending District/School Code** | | | | | |
|  | | | |  | | | | |  | | | | |
| **Accountable District and School for Student** | | | |  | **Accountable District/School Code** | | | | | | | | |
| **(if different from above)** |  | | |  | | | | |  | | | | |

Please explain the details around the extraordinary circumstance that prevents participation in the state-required assessment at this time.