**Extraordinary Circumstance Non-Participation Form**

**Kentucky Common Kindergarten Screen 2016-17**

Testing window dates:

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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.