**Please use the template below to notify parents/guardians of their student’s participation in the computer-based Classic Learning Test (CLT) administration. Customize this letter, as applicable, by modifying the red fields and placing the letter on school or district letterhead prior to sending.**

Dear Parent/Guardian,

The Classic Learning Test (CLT) is a computer-based test that evaluates reading, grammar, and mathematics and provides a comprehensive measure of achievement and aptitude. **Florida students can now use CLT scores to satisfy ELA and Algebra 1 graduation requirements.**

The purpose of this letter is to inform you that your student will participate in the CLT assessment on [administration day(s)/date(s)].

Please review the following policies with your student before testing:

* **Electronic Devices**—Students are not permitted to access any electronic devices, including, but not limited to, cell phones, smartphones, and smartwatches, at any time during testing **or** during breaks (e.g., restroom). If your student is found with an electronic device or is found using Bluetooth/wireless headphones/earbuds during testing, his or her test may be invalidated.
* **Calculator Policy**—Students are not permitted to access calculators at any time during testing **or** during breaks.
* **Discussing Test Content after Testing**—The content of the CLT exam is secure, and students may not discuss or reveal details about the test content (including test items and passages) after the test. This includes any type of electronic communication, such as texting, emailing, or posting to social media sites. Please make sure your student understands this policy prior to testing and remind them that “discussing” test content includes any kind of electronic communication, such as texting, emailing, posting to social media, or sharing online. **While students may not share information about secure test content after testing, this policy is not intended to prevent students from discussing their testing experiences with their parents/families.**
* **Working Independently**—Students are responsible for doing their own work during the test and for protecting their answers from being seen by others.If students are caught cheating during testing, their tests will be invalidated.
* **Testing Accommodations**—If your student has an Individual Education Plan (IEP), a Section 504 Plan, or is an English Language Learner (ELL) or a recently exited ELL, please contact the school to discuss any testing accommodations that will be provided for your student.

You have the option to opt-out of the Classic Learning Test. Your child will not be required to test if you return the attached form with your signature to your child’s school.

If you have any questions related to this test administration, you may contact [School Contact] at [Contact Information].

For more information about the CLT, please visit CLTEXAM.COM.

Sincerely,

[Principal’s Name]

If you are NOT willing to allow your child to participate in the Classic Learning Test, please return this form with your signature to your child’s [Select responsible school personnel].

\_\_\_\_\_\_\_\_ I do NOT want my child to participate in the Classic Learning Test.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_