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)
- ☐ DSTEP Science
- ☐ DSTEP 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

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

_____ _____
City, State, ZIP Email

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

south dakota DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

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