Minnesota Department of

# Education

# Letter of Intent to Continue to Provide Instruction

Submit a Letter of Intent to Continue to Provide Instruction to the superintendent's office in the school district where the parent/legal guardian resides. *Do NOT mail to the Minnesota Department of Education*. Complete the information using this form or a written or electronic format of your choice. Information in the Letter of Intent must be submitted by October 1 of each year after a Full Report has been filed in the same district. *If you have moved, you must file a new Full Report.* 

Date of Letter of Intent to Continue to Provide Instruction: Date Full Report was filed with this School District:

Full L Last:	egal Na	ame of Instructor First:	Middle:		
This le	etter inc	licates my intent to continue to provide in	struction in the current school year.		
	I DO NOT have changes to the information provided in the Full Report or communicated in a previous Letter of Intent to Continue to Provide Instruction.				
	I DO have changes to information provided in the Full Report, and so have updated the information as follows:				
		I have discontinued instructing student(s) previou Instructed' on page 2 of this form.)	sly reported. (Update 'Student(s) No Longer Being		
			tion has changed. (Update 'New Students' on page 2 nmunization records or notarized conscientious objection		
		We are no longer accredited by an agency recog	nized by the Minnesota Nonpublic Education Council.		
		We are newly accredited by an agency recognize (Provide name of accrediting organization and date	ed by the Minnesota Nonpublic Education Council. Ites of accreditation term):		
		My primary instructor qualifications changed. (Ex Report.)	plain and attach documentation as required in the Full		
		My primary or secondary instructor contact inform on page 2.)	nation changed. (Update 'Instructor Contact Information'		
		The proposed annual nationally-normed achieven (Complete 'Proposed Testing Plan' on page 3.)	nent testing plan for one or more students has changed.		
		Student is now in 7 <sup>th</sup> grade and/or age 12. ( <i>Provioupdated immunization records or notarized conse</i> Student Name:	de student's name and date of birth below. Attach sientious objection statement.) Date of Birth:		
Person Print N		ting this Letter	Signature		

#### April 2015

Instructor Contact Information (Note: A family move to a different district requires a new Full Report.)

Full Legal Name (Last, First, Middle)	Street Address	Phone Number (including area code)	E-mail Address
Primary Instructor			
Secondary Instructor (if any)			

## Student(s) No Longer Being Instructed

Full Legal Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Full Legal Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

New Student(s) (Attach immunization records or notarized conscientious objection statement.)

Full Legal Name (Last, First Middle)	Date of Birth (mm/dd/yyyy)	Grade Level (optional)	Street Address

April 2015

## Proposed Testing Plan for New Students and Proposed Revisions for Existing Students.

Superintendent must mutually agree. Iowa Test of Basic Skills and Stanford Achievement tests are available from University of Minnesota Statewide Testing Program, (612) 626-1803. High school students may also consider the ACT college entrance exam online.

Full Name and Level of Nationally Normed Achievement Test	To Be Administered to the Following Students in Indicated School Year (s):	Name of Test Administrator	Test Location	<b>DISTRICT USE</b> Superintendent Agrees to this plan for students in years specified	DISTRICT USE Superintendent DOES NOT AGREE: contact instructor immediately
lowa Test of Basic Skills, Grades K-2 (ITBS)					
lowa Tests of Basic Skills, Grades 3-8 (ITBS)					
lowa Tests of Educational Development, Grades 9-12 (ITED)					
Stanford Achievement Test, Grades K-2 (SAT)					
Stanford Achievement Test, Grades 3-8 (SAT)					
Stanford Achievement Test, Grades 9-12 (SAT)					
Other:					