



Assessments

ACT Score Replacement Request 2024-2025 – Parent Consent Form

An ACT score replacement request may be granted by ADE’s Assessment Section when a student in **Cohort 2026** has a previous ACT test score that meets or exceeds Arizona’s ACT Cut Scores for the content areas of English Language Arts (ELA) and Math. The student must score **25 or higher in ELA and Math** on the ACT during their Cohort 2026 school year to be eligible for ACT score replacement. The ACT score replacement allows the student to use the score obtained on a national or district ACT test date rather than Arizona’s statewide assessment date for accountability purposes, subject to ADE’s review and approval, using the criteria outlined below.

- To be comparable, the replacement test score must be obtained within the 2024-2025 school year, no earlier than July 1, 2024.
- The Writing essay must be included in the score as it is required for the high school statewide assessment. (Note: The ACT ELA score is an average of the Writing, English, and Reading scale scores.)
- The student must score 25 or higher in **ELA and Math**.

ACT score replacement requests are to be submitted from the school district or charter directly to ADE’s Assessment Section for review. A copy of the student’s ACT score report (either the student or the high school copy) must be included with the request. ADE will respond to the school district or charter with the final decision. The deadline to submit ACT score replacement requests to ADE is **March 21, 2025**.

Print the student’s first name, last name, and state ID number (SSID) below.

Student First Name

Student Last Name

SSID

Parent/Guardian/Student Consent

I authorize the school district or charter to request ACT score replacement for the 2024-2025 school year for the student listed above. If this request is not approved by ADE based on the information submitted, I understand the examinee may be required to test during the statewide ACT test window.

Parent/Legal Guardian or Student (if over the age of 18) signature

Date

Telephone Consent

I verify that I have spoken to the student’s parent or legal guardian by telephone and obtained his or her permission to request ACT score replacement for the 2024-2025 school year for the student listed above.

School official’s signature

Date