

TESTING NOTIFICATION AND OPT-IN FORM
ASVAB for Schools

Dear Parent/Guardian,

High school students in grades 10, 11, and 12 who are over the age of 16 have the opportunity to take the Armed Services Vocational Aptitude Battery (ASVAB).

The ASVAB, offered in online and paper formats, is a multiple-choice assessment designed to help students identify their strengths, interests, and potential career paths. Additional information about the ASVAB is available at the following link: www.asvabprogram.com/parents.

Considerations for providing consent include the following:

- Participation in the online format of the assessment requires the student to use software not managed by FCPS and does not allow for testing accommodations.
- Students will be sharing personally identifiable information with the vendor: Name, birthdate, grade level, gender (optional).
- Students may be required to create an account to participate.
- Scores from this test administration will NOT be shared with military recruiters; however, if a student chooses at a later date to explore military enlistment, you may have the option to authorize recruiter access at that time.

The ASVAB is being conducted at our school on _____.

We require your permission to allow your student to participate in the ASVAB. Please sign and return the opt-in form below to the school's ASVAB Test Coordinator, _____ by _____.

If you have any questions about this assessment, please contact _____ at _____.

ASVAB PARTICIPATION OPT-IN FORM

Please only complete and return this portion of the form if you wish your student to participate in the ASVAB test.

I understand that the ASVAB is a career assessment tool that may help students identify career areas that best suit their skills. Further, I understand that participation in the ASVAB is voluntary and that the Military Entrance Processing Command provides the test. I acknowledge that while these services will occur at school, they are not a part of the school curriculum. I understand that my student's participation in these services is entirely voluntary and that I can withdraw this consent at any time.

I give permission for my student to participate in the ASVAB.

Student Name (please print): _____ Student FCPS ID: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____