**Testing “OPT-OUT” Form**

Dear (name of principle) at (name of school):

Please be advised that my (children/child), (name/names) will not be participating in the Smarter Balanced Assessment (SBAC) or (ISAT 2.0) Interim or final adaptive testing during this current school year.

I understand that I have the right of choice regarding participation in standardized testing, and therefore, I do not give consent for my children to take the SBAC/ISAT 2.0 Interim or final adaptive assessments in math or ELA.

I am requesting that (name/names) be given appropriate alternate learning activities to do during the SBAC/ISAT 2.0 testing periods, and that they are not to be included in the SBAC/ISAT 2.0 Interim or final adaptive make-up period testing.

Sincerely,

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*Parent Signature* *Date*