**Idaho Core State Standards SBAC/ISAT 2 Assessment Refusal**

As the parent, or legal guardian, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s full name), I realize I have the fundamental and legal right to direct the upbringing and education of my child and I respectfully and formally request my child:

\_\_\_not be administered any formative or summative assessment developed by the Smarter Balance Assessment Consortium (SBAC/ISAT 2) for the Idaho Core State Standards.

\_\_\_not to be administered any computerized assessment and is prohibited from using any computer or handheld mobile device for any assessment purpose.

Please honor my request. Keep this request on file in my child’s cumulative folder.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_\_\_

Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year\_\_\_\_\_\_\_\_\_

School Official Receiving this Notice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_