

**Testing “OPT-OUT” Form**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:

Please be advised that my child/children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will NOT be participating in the Smarter Balanced Assessment (SBAC) or (ISAT) 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 child/children to take the SBAC/ISAT assessments in math or ELA.

I am requesting that my child/children be given appropriate alternate learning activities to do during the SBAC/ISAT testing periods, and that he/she NOT be included in the SBAC/ISAT Make-Up period testing.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent Signature* *Date*