

White Pine County School District

1135 Avenue C Ely, Nevada 89301 (775) 289-4851 FAX (775) 289-3999



SBAC (Criterion Referenced Test CRT)

Test Refusal Form

2015-2016

As the parent/ legal guardian of _____ (child's full name), I respectfully and formally request my child not to be administered any Smarter Balanced Assessment Consortium (SBAC) test in English/Language Arts and Mathematics. In understand that while opting out of the state mandated testing will have not have a negative impact on my child it may negatively impact my child's schools annual school performance ratings.

School Name: _____

Child's name _____ Grade Level _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Signature _____ Date _____

Note: A copy of this request will be filed in the student's cumulative file/record.

BOARD OF SCHOOL TRUSTEES
Lori A. Hunt, Chair • Denys Koyle, Vice Chair • Shellie Watts, Clerk
Matt Hibbs, Member • Mary Kerner, Member • Pete Mangum, Member • Shella Nicholes, Member
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