



Criterion-Referenced Test/SBAC Refusal Form

Washoe County School District

2014-2015

As the parent/ legal guardian of _____ (child's full name), I respectfully and formally request my child not to be administered any Nevada Criterion-Referenced Tests (CRT) in English/Language Arts and Mathematics this school year.

I understand my request may have negative consequences for my child's school. These consequences include, but are not limited to, annual school accountability and decisions made regarding allocation of resources based on annual school performance ratings.

Child's name _____ Grade Level _____

School Name: _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Signature _____ Date _____

Note: Upon refusal to participate, one form per student must be completed and filed in student's cumulative folder/record.