



**Washoe County  
School District**

## Criterion-Referenced Test Refusal Form

Washoe County School District

2017-2018 School Year

*Smarter Balanced-Summative ELA/Mathematics, Grades 3-8*

*Nevada Science Assessment, Grades 5 & 8*

*Nevada Alternate Assessment, Grades 3-8 & 11*

As the parent/ legal guardian of \_\_\_\_\_ (print child's full name), for this school year I respectfully and formally request my child not to be administered the Nevada Criterion-Referenced Tests in English Language Arts, Mathematics and Science administered in grades 3-8, or the Nevada Alternate Assessment (NAA) administered in grades 3-8 and 11.

By my signature, I acknowledge that my child is not exempt from participation in classroom, district, or other state assessments not named on this form and included in the Washoe County School District balanced assessment program.

I understand that by signing this form I, as well as my child's teacher, may lose valuable information about how well my child is progressing. In addition, opting out may impact my school and district's efforts to equitably distribute resources and support student learning.

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized WCSD School Employee/Print & Signature)

Note: Upon refusal to participate, one form per student must be completed and scanned into student's electronic cumulative file. The original signed form is to be maintained on-site with other secure testing documentation for a period of three years.