

# Nevada SBAC Test Refusal Form

## 2020-2021

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

School District: \_\_\_\_\_

As the parent/ legal guardian of \_\_\_\_\_ (child's full name),  
I respectfully and formally request my child not be administered any Smarter Balanced  
Assessment Consortium (SBAC) test in English/Language Arts and/or Mathematics.

Child's name \_\_\_\_\_ Grade Level \_\_\_\_\_

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

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