

SBAC Test Opt Out form Clark County School District

2015-2016

Ober Elementary School

As the parent/ legal guardian of \_\_\_\_\_ (child's full name), I respectfully and formally request my child not to be administered any Nevada SBAC assessments in English/Language Arts and Mathematics.

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 \_\_\_\_\_

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

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