

Nevada SBAC Test Refusal Form

2015-2016

School Name: _____

School District: _____

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.

Child's name _____ Grade Level _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Signature _____ Date _____