



Criterion-Referenced Test Refusal Form

Washoe County School District

2016-2017 School Year

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 any Nevada Criterion-Referenced Tests in English Language Arts, Mathematics and Science administered in grades 3-8, or the Nevada Alternative Assessment (NAA) administered in grades 3-8 and 11.

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 _____

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