

Nevada NACS/SBAC Test Refusal Form

2016-2017

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

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

As the parent and/or legal guardian of \_\_\_\_\_,  
I respectfully and formally request my child not be administered any Nevada  
SBAC/NACS assessments in English/Language Arts and/or Mathematics.

Please provide my child with appropriate instructional activities during all SBAC/NACS  
related test preparation or testing.

Furthermore, please note that a “refusal” is different from an “absence”. As such, my  
child will not be required to participate in any makeup testing.

My child is aware they are not to take any tests produced by or related to Smarter  
Balanced Assessment Consortium and if they are given one, they are not to work on it in  
any way.

Please confirm your receipt and understanding of this letter.

Thank you for all you do for our school and our children.

Childs name: \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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