

Criterion-Referenced Test (CRT) Opt Out Form

2017-2018

School Name:	
As the parent/ legal guardian of	
I understand my request may have negative consequences for my child's include, but are not limited to, annual school accountability and decisions resources based on annual school performance ratings.	-
Child's Name	Grade Level
Student ID	
Parent/Guardian Name (Please Print)	
Parent/Guardian Signature	Date
School Test Coordinator	

NOTE: School Test Coordinator must return the completed form to Rebecca Meyer, Director of Assessment, via InterAct for processing of this request.