



Criterion-Referenced Test Refusal Form

Washoe County School District

2015-2016 School Year

As the parent/ legal guardian of _____ (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 Alternate 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.