

Nevada SBAC Test Refusal Form

2018-2019

School Name: _____

School District: _____

As the parent/ legal guardian of _____ (child's full name),
I respectfully and formally request my child not be administered any Smarter Balanced
Assessment Consortium (SBAC) test in English/Language Arts and/or Mathematics.

Child's name _____ Grade Level _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Signature _____ Date _____