



# Douglas County School District

1638 Mono Avenue ♦ Minden, Nevada 89423

School Year: 2018-2019

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

As the parent/legal guardian of \_\_\_\_\_ (child's full name),  
I respectfully and formally request my child not be administered the following assessment(s):

\_\_\_\_\_.

I understand my request may have negative consequences for my child's academic performance. These consequences may include, but are not limited to requirements for graduation, promotion, and/or course credit depending upon the assessment(s). In addition, I understand that my request may negatively affect my child's school. This may include, but not be limited to annual school accountability and decisions regarding allocation of resources based on annual school performance ratings.

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Student ID # \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

Received by School Test Coordinator (signature) \_\_\_\_\_ (date) \_\_\_\_\_

*NOTE: School Test Coordinator must return the completed form to Brian Frazier, Area 2 for processing of this request. A copy of this request will be placed in the student's cumulative record.*