



Grants Pass School District

725 NE Dean Drive, Grants Pass, OR 97526

www.grantspass.k12.or.us

Phone: 541-474-5709

Parent Request for Exemption from non-SBA State Assessments

Note: This form should be provided only upon request from the parent and after school staff has reviewed with parents/guardians available testing accommodations and the impact of exemption on the student and the school.

Parents may request that their student be exempted from state testing for non-Smarter Balance State Assessments based on either disability or religion. OAR 581-022-1910 allows school districts to excuse students from a state required program or learning activity, including state testing, to accommodate a student’s disabilities or religious beliefs. In order for a school district to excuse a student from testing under this rule, the student’s parent must submit a written request to the school district, listing the reasons for the request and proposing an alternative individualized learning activity for the student that meets the same goals that would be accomplished by participation in state testing. Appropriate school personnel must evaluate and approve the parent request.

When reviewing a parent’s request for exemption, school district personnel should first discuss the use of accommodations with the parent to determine whether the use of any appropriate accommodations during testing might address the parent’s concerns and allow the student to participate in state testing. **Students who are enrolled in school during the statewide test window who are not tested due to a parent-requested exemption must be counted As nonparticipants.”** (refer to the Test Administration Manual).

Student Name: _____ Grade: _____

School Name: _____

I am requesting that my student be exempt from the following state assessments:

- Science ELPA Extended Assessment Kindergarten Assessment

Please briefly describe your reason for requesting this exemption:

Religious reasons: _____

Disability reasons: _____

I have attached a copy of my proposal of an alternative individualized learning activity for my student (required).

Parent/Guardian Signature

Parent/Guardian Name (print)

Date

School use only Approved by: _____ Date: _____

Forward a copy of this page to the District Test Coordinator

It is the school’s responsibility to ensure that students with approved exemptions are not tested in exempted subjects.