



2024-25 Parent Request for Exemption from Required Statewide Assessment(s)

OSAS Science • ELPA Screener • ELPA Summative • Alt ELPA • ORExt Science Assessment

Note: The Oregon opt out form for Smarter Balanced and Extended Assessment (ELA & Math) must be used.

Disabilities and religious beliefs are the only bases on which Oregon school districts may approve an exemption.
"Parents may request that their student be exempted from state testing based on either disability or religion. [OAR 581-021-0009: Exemptions](#) 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. 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 those chosen during testing are most appropriate and might address the parent's concerns, allowing the student to participate in testing." (2023-24 Test Administration Manual, p. 40)

Student Name: _____ **Grade:** _____

School: _____

I am requesting that my student be exempt from the following state assessments for the 2024-25 school year:

- OSAS Science ELPA Screener ELPA Summative Alt ELPA ORExt Science Assessment

REQUEST BASED ON DISABILITY

This request is to accommodate my student's IDEA or Section 504 identified disability.

In the area below, please address each of the following:

- Explain why you are requesting this exemption.
- Describe how your student's IDEA or Section 504 disability interferes with his or her ability to participate in state tests.
- Explain why you believe there are no accommodations that would allow your student to participate.

REQUEST BASED ON RELIGIOUS BELIEFS

This request is to accommodate my student's sincerely held religious beliefs.

Please initial each statement:

____ I understand that the purpose of this exemption is to accommodate families whose religious beliefs conflict with a state-required program, such as statewide tests. Wishing to avoid testing or having political/social objections to testing does not meet the requirements for the exemption.

____ My student has sincere religious beliefs against statewide assessments and I request an exemption from statewide tests for my student for the 2024-25 school year.

FORM CONTINUES ON OTHER SIDE

Please initial each statement:

____ I understand the requirements and have met with _____ about excusing my child from state testing.
(school representative)

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

____ I affirm the truthfulness of the statements in this application.

Parent/Guardian Signature

Parent/Guardian Name (print)

Date

Parent/Guardian Phone

Parent/Guardian Email

Why does participation matter?

While no single test can give a complete picture of your child’s progress, having your child take the statewide tests provides educators and administrators with information about what educational approaches are working and where additional resources are needed. Your child’s participation is important to ensure schools and districts receive the targeted resources they need to help all students succeed. (2018-19 Annual Notice for Statewide Tests)

Submit this completed form by March 31, 2025, or 2 weeks before the test is administered, to:

**Superintendent’s Office
Central Point School District
300 Ash Street, Central Point, OR 97502**

FOR SCHOOL DISTRICT USE ONLY – DO NOT WRITE BELOW THIS LINE

Received by Superintendent’s Office: _____
Staff Initials

Date received: _____

Approved Response sent to parent on date: _____

Denied Response sent to parent on date: _____

Determining official’s signature: _____

Date: _____