



Tigard-Tualatin School District 23J

2019-20 Parent Request for Exemption from Required Statewide Assessment(s)

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 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."** (2019-20 Test Administration Manual, pp 37).

High School Students who are exempted must still demonstrate the Essential Skills to graduate.

Student name: _____

Student ID#: _____

School name: _____

Student Grade: _____

I am requesting that my student be exempt from the following state assessments for the 2019-20 school year:

Science (Grades 5, 8, 11): NGSS / Extended Assessment

ELPA

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 (please print)

Date

School use only

Approved by: _____

Date: _____

Remember to forward a copy of this page to Teaching & Learning Department

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