Parent Request for Exemption from State Testing - 2024-25 School Year Science (grades: 5, 8 and 11) and Extended Assessments

This form is for parents and guardians to use to request exemption from standardized testing requirements other than ELA and Math State Testing. You may request exemptions based on disabilities or religious beliefs. The disability exemption may be approved for students who have an IDEA identified disability that interferes with their ability to participate in standardized testing, even with accommodations for their disability. Religious exemptions may be approved when a religious belief opposes the state required testing program.

Complete and sign this form and submit to the Creswell school your child attends as soon as possible.

| Student Name: | _Grade/Age |
|---|-------------------------------|
| Which School (circle one): Creslane Elementary Creswell Middle School | Creswell High School |
| Parent Name: | _ |
| Phone Number: | - |
| Mailing Address: | _ |
| I request my student be exempted from the indicated areas below for state testing for the 2024-25 school year. Please check areas below: | |
| Statewide Science Assessment | |
| Extended Assessment Testing | |
| Check appropriate line below, and fill out bottom for the identifying | exemption. |
| This request is to accommodate my student's IDEA or Section 504 identified disability. | |
| This request is based on religious beliefs that oppose state testing. | |
| On the lines provided, explain why you are asking for this exempti interferes with their ability to participate in state tests, or write "religbased. What other activities can the school provide in lieu of testing | gious exemption" if religious |
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