

## Parent Request for Exemption from State Testing

**2025–2026 School Year**

**Assessments Covered:** - Statewide Science Assessment (Grades 5, 8, 11) - Extended Assessments

### Purpose of This Form

This form is for parents and guardians to request an exemption from **state standardized testing requirements other than ELA and Math**.

Exemptions may be requested for the following reasons: - **Disability-based exemption:** For students with an IDEA-identified disability or Section 504 plan that interferes with participation in standardized testing, even with appropriate accommodations. - **Religious exemption:** When a sincerely held religious belief opposes participation in the state-required testing program.

Please complete and sign this form and submit it to the **Creswell school your child attends** as soon as possible.

### Student Information

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Attending (check one):** -

☐ Creslane Elementary School - ☐ Creswell Middle School - ☐ Creswell High School

### Parent / Guardian Information

**Parent / Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

### Exemption Request

**Initials:** \_\_\_\_\_

By initialing above, I am requesting that my student be exempted from the following state testing areas for the **2025–2026 school year** (check all that apply):

- ☐ Statewide Science Assessment
- ☐ Extended Assessment Testing

### Reason for Exemption

Please check **one** option below:

- ☐ 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.
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### Explanation and Alternative Activities

On the lines below, please explain the reason for this exemption request. - If disability-based, list the disability that interferes with participation in state testing. - If religious-based, you may write "**religious exemption**."

Please also indicate what **alternative activities** the school may provide for your student in lieu of testing.

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Parent / Guardian Signature

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*Submission of this form does not guarantee approval. The district will review requests in accordance with state and federal guidelines.*