

Parent Request for Exemption from State Testing • 2014–15 • Woodburn School District

This form is for parents and guardians to use in applying for an exemption to standardized testing requirements. Its purpose is to enable the district to discharge its legal right and responsibility to evaluate an exemption request.

Disabilities and religious beliefs are the only bases on which an Oregon school district may approve an exemption. 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 made for their disability. The religious exemption may be approved for students whose sincerely held religious beliefs cause them to be opposed to a state required program, including state testing. Merely wishing to avoid testing, or a parent or student having a political, personal or sociological objection to testing that is not based on a sincerely held religious belief, does not qualify for an exemption.

Complete and sign this form and submit it to the Superintendent's Office by March 30 for grades 3-8, April 7 for grade 11, and August 5 for Kinder. The district will respond to your request within 10 working days.

Student Name: _____ School: _____ Grade: _____

Parent Name: _____ Email: _____ Phone: _____

Mailing Address: _____

Please initial: _____ I request that my student be exempted from state testing for the 2014–15 school year.

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 in your own words why you are requesting this exemption.
- Describe how your student's IDEA or Section 504 identified 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 the regulation's exemption for religious beliefs is to accommodate families in circumstances when sincerely held religious beliefs conflict with a state-required program, including statewide tests. Religion, while broadly interpreted, usually is a comprehensive set of beliefs that concern ultimate and fundamental ideas about life, purpose and death. The term "religious beliefs" means religious, moral or ethical beliefs as to what is right and wrong that are sincerely held with the strength of traditional religious convictions. Merely wishing to avoid testing, or having political or social objections to testing not based on a sincerely held religious belief, do 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 2014–15 school year.

This exemption request includes the following tests administered in 2014–15 (choose all that apply):

- Statewide Assessment: Language Arts (*grades 3–8, 11*)
- Statewide Assessment: Math (*grades 3–8, 11*)
- Kindergarten Readiness (*kindergarten students*)
- English Language Proficiency (ELPA) (*for eligible students in grades K–12*)
- Extended Assessment (*for eligible students with disabilities in grades 3–8, 11*)
- PSAT (National Merit Scholarship qualifying test) or ACT PLAN (*high school*)

Please initial each statement:

- _____ I have read this form and the Frequently Asked Questions on Opting Out of State Testing.
- _____ I understand the consequences to my student and my school of opting my student out of statewide testing.
- _____ I understand that, if my student is in high school, my student must demonstrate proficiency in the essential skills of reading, writing and math in order to graduate. I understand that students who do not take the statewide assessment in these areas must demonstrate they meet standards through another approved standardized test or through work samples. I understand that this may require taking an additional class.
- _____ I propose that my student be provided with an alternative activity during the testing period. I understand that, given the priority of test administration, the school will have limited staff available to supervise and facilitate alternate learning activities for students not participating in testing. Comments or suggestions:

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

Parent Signature: _____ **Date:** _____

Submit this completed form to:

Superintendent’s Office

965 N. Boones Ferry Rd
Woodburn, OR 97071

by March 30, 2015 for grades 3-8
by April 7, 2015 for grade 11
by August 5, 2015 for 2015-16 Kinder

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

Received by Superintendent’s office: _____ Date received: _____

Staff Initials

- Approved** Response sent to parent on date: _____
- Denied** Response sent to school on date: _____

Determining official’s signature : _____ Date: _____