

# Parent Request for Exemption from State Testing • 2017-18 • South Lane School District 45j3

*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 School Office by April 4, 2018 or 2 weeks before the test is administered, whichever is earlier. The school 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 2017–18 school year.**

## **REQUEST BASED ON DISABILITY**

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

Discussed with IEP Team.

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.

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## **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 2017–18 school year.

**This exemption request includes the following tests administered in 2017–18:**

Statewide Assessment: Science (*grades 5, 8, 11*)

**Please initial each statement:**

\_\_\_\_ 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.

\_\_\_\_ I affirm the truthfulness of the statements in this application.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Received by School office: \_\_\_\_\_ Date received: \_\_\_\_\_

*Staff Initials*

**Approved**                       Response sent to parent on date: \_\_\_\_\_  
 **Denied**                          Response sent to school on date: \_\_\_\_\_

Determining official's signature : \_\_\_\_\_ Date: \_\_\_\_\_