



Welcoming Exceptional Students To Gifted And Talented Education

I, _____, request that my child, _____,
(print parent name) (student name)

not participate in the following State assessments (please list assessment(s) on the lines below).

I have discussed my request with a school administrator. By electing to request that my child not participate in the State assessments listed above, I understand that neither I nor the school will receive results for those assessments, which could be used to gauge my child's academic achievement or growth, to evaluate the instructional programs being offered to my child, to evaluate the effectiveness of my child's teacher, and/or to develop an individualized academic plan for my child.

(parent signature)

(date)