## Parent Request for Exemption from Kindergarten Assessment, Science and/or ELPA21 State Testing • 2017-18• Corbett 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.

Student Name:	School:	Grade:			
Parent Name:	Email:				
Phone:					
Mailing Address:					
REQUEST BASED ON DISABILITY  This request is to	REQUEST BASED ON RELIGIOUS BELIEFS  This request is to accommodate my student's sincerely held religious beliefs.				
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.	Please initial each statement:  I understand that the purpose of the regulation's exemption for religion is to accommodate families in circumstances when sincerely held beliefs conflict with a state-required program, including statewide to Religion, while broadly interpreted, usually is a comprehensive set that concern ultimate and fundamental ideas about life, purpose ar The term "religious beliefs" means religious, moral or ethical beliefs is right and wrong that are sincerely held with the strength of tradition religious convictions. Merely wishing to avoid testing, or having possocial objections to testing not based on a sincerely held religious not meet the requirements for the exemption.  My student has sincere religious beliefs against statewide assessment.	nces when sincerely held religious gram, including statewide tests. Illy is a comprehensive set of beliefs deas about life, purpose and death. ous, moral or ethical beliefs as to what d with the strength of traditional avoid testing, or having political or a sincerely held religious belief, do otion.			
Describe how your student's IDEA or Section 504 identified disability interferes with his or her ability to participate in state tests.	request an exemption from statewide tests for my student for the 2015-16				
Explain why you believe there are no accommodations that would allow your student to participate.					

RM CONTINUES ON C is exemption request at apply):	DTHER SIDE includes the following tests administered in 2017-18 (choose all	
_ Kindergarten Ass	sessment	
_ Statewide Assess	sment: Science (grades 5, 8, 11)	
_ English Language (K–12)	e Proficiency (ELPA21) (for eligible ELL students in grades	
ease initial each stater  I understand the con statewide testing.	ment: sequences to my student and my school of opting my student out of	
in the essential skills students who do not meet standards thro	my student is in high school, my student must demonstrate proficiency sof reading, writing and math in order to graduate. I understand that take the statewide assessment in these areas must demonstrate they hugh another approved standardized test or through work samples. I may require taking an additional class.	
understand that, give	udent be provided with an alternative activity during the testing period. I en the priority of test administration, the school will have limited staff se and facilitate alternate learning activities for students not participating as or suggestions:	
I affirm the truthfulne	ess of the statements in this application.	

Date:	Submit this completed form to:
	Superintendent's Office Corbett School District
	35800 E. Historic Columbia River Hwy
	Corbett, Oregon 97019

FOR SCHOOL DISTRICT USE ONLY – DO NOT WRITE BELOW THIS LINE						
Received by superintend	dent's office: Staff Initia	<del></del>				
☐ Approved		arent on date:				
☐ Denied	•	chool on date:				
Superintendent's signatu	ıre:		Date:			