

**ASSESSMENT AND DATA COLLECTION OPT OUT**

Child's Name: \_\_\_\_\_ Grade level: \_\_\_\_\_

School name: \_\_\_\_\_

School District: \_\_\_\_\_ School year: \_\_\_\_\_

I am writing on behalf of \_\_\_\_\_, my son/daughter, to opt him/her out of the Smarter Balanced Assessment or any formative or summative assessment or practice/sample test related to the Common Core State Standards (CCSS) or used to assess student learning of the CCSS. My son/daughter is neither permitted to take the assessment during the mandated testing days nor during designated make-up sessions.

Additionally, I request that the school make accommodations for meaningful alternative activities or assignments that will continue to promote my son/daughter's academic and intellectual growth. My son/daughter will not be in attendance if academically viable alternatives are not available.

Furthermore, I must be guaranteed in writing that whatever option is taken, either alternative assignments or absence, my son/daughter will not face any negative consequences to, for example, course grades, social or behavioral evaluations, workload, promotion, or future classroom assignments.

Strict adherence to state and federal high-stakes standardized testing, including the extensive classroom preparation that occurs prior to test administration, prevents my child from receiving a well-rounded and engaging educational experience.

I understand that the federal Family Educational Rights and Privacy Act (FERPA) has been altered without the consent of the governed, and I therefore demand that my child's information be withheld from the state and the state longitudinal data system. I declare that any collection or storage of my child's information beyond what is required for basic grading purposes or parental and emergency contact is hereby executed without my approval or consent and against my expressed wishes.

My child is further prohibited from participating in any written, oral or computerized survey, questionnaire or interview for the purpose of assessing or collecting psychological, demographic, financial or otherwise personal information on my son/daughter or our family.

I apologize for any inconvenience or scrutiny that this decision may cause the administration, the school, teachers or staff.

Thank you for your cooperation in this matter. Please keep this document on file in my son/daughter's cumulative folder.

Mom/Dad/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mom/Dad/Legal Guardian Signature: \_\_\_\_\_

cc: \_\_\_\_\_, Teacher(s)

\_\_\_\_\_, Teacher(s)

\_\_\_\_\_, Teacher(s)

\_\_\_\_\_, Principal

\_\_\_\_\_, Superintendent