**2017-2018學年幼稚園至八年級學生考試**

**選擇免除申請書**

根據加州教育法§ 60615，本人要求自己的子女\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 免除***Smarter Balanced Assessment Consortium (SBAC)***考試。同時本人要求子女免除以下（剔出）的測驗。

* 閲讀詳細目錄1(W1)
* 閲讀詳細目錄2(W2)
* 閲讀詳細目錄3(W3)
* 數學里程碑測驗1
* 數學里程碑測驗2
* 數學基準測驗
* 電腦數學考試IABs
* 電腦數學考試ICAs
* 照明數學檢查
* 照明數學項目銀行
* 綜合寫作考試IWA
* Fountas and Pinnell 閲讀測驗1
* Fountas and Pinnell 閲讀測驗2
* Fountas and Pinnell 閲讀測驗3
* 幼稚園準備詳細目錄測驗
* 其他（請列明）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

家長簽名 日期

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

電話 學校

**\*\*\*請把選擇免除申請書交給貴子女的學校校長。\*\*\***

**根據加州教育條例第5標題的第852章節，老師有權力通知家長應有的考試選擇免除權利。這包括了任何測驗，考試，SBAC和IDA在内。**

**Testing Opt-Out Form for Grades K-8**

**2017-2018 School Year**

Pursuant to California Education Code § 60615, I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be opted out of the  ***Smarter Balanced Assessment Consortium (SBAC)*** during the 2016-17 school year.   I also wish my child to be opted out of the following tests (please check all that apply):

▢  - Reading Inventory 1 (W1)

▢  - Reading Inventory 2 (W1a)

▢  - Reading Inventory 3 (W2)

▢  - Math Milestone Assessment 1

▢  - Math Milestone Assessment 2

▢  - Math Benchmark Assessments

▢  - Smarter Balanced Math IABs

▢  - Smarter Balanced Math ICAs

▢  - Illuminate Math Checkpoints

▢  - Illuminate Math Item Bank

▢  - Integrated Writing Assessment - IWA

▢  - Fountas and Pinnell 1

▢  - Fountas and Pinnell 2

▢  - Fountas and Pinnell 3

▢  - Kindergarten Readiness Inventory 1

▢  - Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone School Name

**\*\*\* Please return this form to the principal at your child’s school. \*\*\***

**Under Section 852 of Title 5 of the California Code of Regulations, teachers have the right to inform parents that they can opt out their child from any assessment, including SBAC and the IDA.**