**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 2017-18 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.**