Oregon Virtual Academy

Parent Request for Exemption from State Testing • 2015–16 Science (5, 8, 11) / Extended Assessments / ELPA 21 / PSAT

(For Smarter Balance ELA and Math use the Smarter Balance Opt-Out Form)

This form is for parents and guardians to use in applying for an exemption to standardized testing requirements other than the Smarter Balance ELA and Math. 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 ORVA Office by March 30, or 2 weeks before the test is administered, whichever is earlier.

is earlier.		
Student Name:	School:	Grade:
Parent Name:	Email:	Phone:
Mailing Address:		
Please initial: I request that my stude the 2015–16 school you This exemption request includes the follow	ear.	_
☐ Statewide Assessment: Science (grades 5 ☐ English Language Proficiency (ELPA) (for students in grades K–12)	eligible disabili □ PSAT (I	ded Assessment (for eligible students with lities in grades 3–8, 11) National Merit Scholarship lying test) or ACT PLAN (high school)
REQUEST BASED ON DISABILITY		
☐ This request is to accommodate my studen	it's IDEA or Section 504 identif	fied disability.
n the area below, please address <u>each</u> of the fo	llowing:	
Explain in your own words why you are reque	sting this exemption.	
 Describe how your student's IDEA or Section state tests. 	504 identified disability interfe	eres with his or her ability to participate in
Explain why you believe there are no accomm	nodations that would allow you	ur student to participate.

This request is to accommodate my student's sincerely held religious beliefs. Please initial each statement: _____ I understand that the purpose of the regulation's exemption for religious beliefs is to accommodate families in circumstances when sincerely held religious beliefs conflict with a state-required program, including statewide tests. Religion, while broadly interpreted, usually is a comprehensive set of beliefs that concern ultimate and fundamental ideas about life, purpose and death. The term "religious beliefs" means religious, moral or ethical beliefs as to what is right and wrong that are sincerely held with the strength of traditional religious convictions. Merely wishing to avoid testing, or having political or social objections to testing not based on a sincerely held religious belief, do not meet the requirements for the exemption. My student has sincere religious beliefs against statewide assessments and I request an exemption from statewide tests for my student for the 2015−16 school year.

Submit this completed form by March 30, 2016, or 2 weeks before the test is administered, whichever is earlier, to:

Parent Signature: _____

Oregon Virtual Academy 400 Virginia Ave. Suite 210 North Bend, OR 97459