



**PARENT/GUARDIAN REQUEST TO EXEMPT STUDENT
from the 2018-19 California Assessment of Student
Performance and Progress (CAASPP) testing.**

After due consideration, I, as parent/guardian of _____,
(Student Name)

a student attending _____,
(School Name)

request that the above-named student be exempted from participating in one or more of the assessments being administered during the 2018-2019 school year.

Please DO NOT ADMINISTER the assessments which I have initialed below:

_____ California Science Test (CAST); California Alternate Assessment for Science (CAA for Science) Field Test – Grades 5, 8, 11, and 12

_____ California Alternate Assessment (CAA) – All subtests - Grades 3-8 and 11

_____ English Language Arts _____ Mathematics

_____ Smarter Balanced Assessment (SBA) – All subtests - Grades 3-8 and 11

_____ English Language Arts _____ Mathematics

_____ California Spanish Assessment (CSA) – Grades 3-8 and High School

(Parent/Guardian Signature)

(Date)

FOR OFFICE USE ONLY

Please fill out the following student information:

Student Name: _____

Student SSID: _____

Student Grade: _____

Keep ORIGINAL on file. Give a COPY to parent/guardian.