

Opt-Out (Refusal) Letter for NYS Assessments

Dear _____,

This letter is to inform you that I refuse to allow my child, _____, who is in grade _____, to participate in the: (check all that apply) (print child's full name)

☐ 2015 ELA Assessment

☐ 2015 Math Assessment

☐ 2015 4th grade Science Assessment

☐ 2015 8th grade Science Assessment

☐ stand alone field tests

I expect that my child will be assigned an alternate setting, where he/she will be allowed to read silently. I understand that my child will receive no score for the assessment tests checked above, and that my child will not have any negative consequences due to his/her not taking the assessments.

Thank you,

(parent signature)

(date)