

Blackfoot School District #55 Standardized Testing Opt-out Form

Dear _____ (School name) Date _____

I am writing on behalf of _____, my son/daughter, to opt him/her out of the District Standardized Test _____ (test name). He/she is neither permitted to take the exam during mandated testing days nor during designated make-up sessions. I would like to additionally request that the school please make accommodations for meaningful alternative activities or assignments that will continue to promote his/her academic and intellectual growth. I ask that you please honor this decision.

I do apologize in advance for the inconvenience or scrutiny that this decision may cause the administration, the school, and staff.

Sincerely,
