Oregon Science Assessment Exemption Form for 2019-20 School Year

This exemption request applies only to the Oregon Science Assessment. It does not apply to other state or district assessments or learning activities. This form is only valid for the 2019-20 school year.

Under Oregon Administrative Rule 581-022-1910, a school district may excuse students from a state required assessment/test to accommodate students’ disabilities or religious beliefs. To comply with state requirements, this form must be completed in its entirety. This form must be completed by the student’s parent/guardian or the student if 18 years of age or older. (Please complete one form per child). Please return this form to our Middle School Front Office no later than March 1, 2020. This will help support our planning process.

Student’s Legal Last Name: ______________________________________________
Student’s Legal First Name: ______________________________________________
Student’s Grade: _____  Student’s School: __________________________________ Date:__________

Assessment for which the exemption request is being made (check box):

☒ Oregon Science Assessment

Reasons for the request (based on disability or religious belief only):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

List the proposed science alternative for an individualized learning activity that meets the goals of the learning activity from which you are requesting exemption.
___________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I understand that by signing this form I am requesting an exemption from the Oregon Statewide Science Assessment.

Parent/Guardian* _________________________________________________________ Date_____________
(Signature)

Parent/Guardian* _________________________________________________________ Date_____________
(Print name)