

|               |                            |      |                                      |
|---------------|----------------------------|------|--------------------------------------|
| Student Name: | Grade:                     | DOB: | Date:                                |
| School:       | LAS Oral Score:            |      | LAS Links Overall Proficiency Score: |
|               | LAS Reading/Writing Score: |      | LAS Placement Score:                 |

Your child's teachers recommend that your child **will take** the district-wide test with the accommodations listed below.

| Testing Area          | Accommodations Selected (please list) |
|-----------------------|---------------------------------------|
| Reading               |                                       |
| English/Language Arts |                                       |
| Math                  |                                       |
| Science               |                                       |
| Social Studies        |                                       |

Your child's teachers recommend that your child **not take** the district wide test this school year. **Students may have a one-time exemption only. See reasons for exemption below.**

| Reasons for not taking the test (EXEMPTION):                               |   |
|--|---|
| <input type="checkbox"/> LAS Oral Score of 1, 2, or 3                      | <input type="checkbox"/> LAS Reading/Writing Scores below 3 |
| <input type="checkbox"/> LAS Links Overall Proficiency Score of 1, 2, or 3 | <input type="checkbox"/> LAS Placement Score NPO-NP3        |
| <input type="checkbox"/> Student in school less than one (1) year.         |   |

| Name                       | Signature/Date |
|----------------------------|----------------|
| ESL Teacher:               |                |
| Regular Classroom Teacher: |                |
| School Administrator:      |                |

### PARENT CONSENT

I understand that the school has done its best to determine my child's ability to participate in the district-wide assessment.

- I agree that my child **will take** the district wide test **WITH ACCOMMODATIONS**
- I agree that my child **will be EXEMPT** from the district-wide test **for this year only.**
- I **do not agree** and wish to challenge the decision.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date