

2024-25 Exemption Form

Can I opt my student out of the OSAS Science Test, ELPA, or Alt ELPA?

Disabilities and religious beliefs are the only bases on which an Oregon school district may approve an exemption to these assessments. You may request an exemption from state testing to accommodate your student's Individuals with Disabilities Education Act (IDEA) or Section 504 identified disability or sincerely held religious beliefs.

Schools are required by law to administer statewide assessments to assess students' learning, in accordance with the procedures and schedule defined by the Oregon Department of Education. Oregon school districts are permitted to excuse a student from a state required program, such as state testing, to accommodate the student's disabilities or religious beliefs.

Will a student be sanctioned for not taking the OSAS Science Test, ELPA, or Alt ELPA?

Students for whom there is an approved exemption will be excused. Students who miss school during state testing, but do not have an approved exemption and whose absence is not otherwise excused as provided by district policy, will have an unexcused absence reflected on their student record.

Request Based on Disability

Please explain why you are requesting this exemption.

Request Based on Religious Belief

Please explain why you are requesting this exemption.



To opt-out of OSAS Science, ELPA or Alt ELPA, this section must be completed by a parent/guardian or adult student:

Student's Legal Last Name:	
Student's Legal First Name:	
Student's Enrolled Grade:	
Student's School:	
Please indicate the state test(s) you are opting or Science ELPA or Alt ELPA	ut of for the 2024-25 school year:
To best support school district planning, you are encourage by February 3, 2025. For students who enroll after the statencouraged to submit the form within 2 weeks of enrollmeschool year. Parents and adult students are required to subwish to be exempted from statewide summative tests.	ewide testing window begins, you are ent. This form is only valid for the 2024-25
I understand that by signing this form I am opting	g my child out of testing.
Parent/Guardian Signature*:	Date:
Parent/Guardian Printed Name*:	
*Adult students (age 18 and older) may sign on their own behal- Typing your name into the signature box indicates your digital si signature for the purpose of this form.	, , , , ,
Email this form to krista.bushnell@bethel.k12.or.us <i>or</i> you ca	an print and bring to your school. If you need a

paper copy, please contact your school.