

Silver Falls School District 4J

Code: ILBA-AR
Adopted: 10/11/94-E
Readopted: 9/8/97

Assessment Exemption/Modification

SILVER FALLS PUBLIC SCHOOLS
Petition for Modification of/Exclusion from
Standardized Testing (District Assessment)

Student _____ Grade _____ School Year _____

Part I:

- Request: Modification (see #1 below)
 Exemption (see #2 below)

1. The following modifications are recommended. (Explain reasons for recommendation.)

2. The following tests (subtests) are recommended for exclusion from testing.

Signature and Title _____

Date _____

Part II:

The following modifications/exclusions were made in the standardized testing of the above-named student:

The reasons for the decision to modify/exclude are as follows as provided in Oregon Administration Manual:

Instructional team members:

Parent contact: Date _____

By Whom _____

Parent's response to proposed modification or exemption: _____
