## **Opting Out of Standardized Testing**

School:	
Principal:	
My child,	, will not be
participating in the State of Maine assessments during the	schoo
year. I understand that the law provides the parent or guardian t	he right of choice
regarding standardized testing. I also understand that my child s	still needs to attend
school on testing day and the school will provide appropriate lea	rning activities during
testing times.	
Parent/Guardian Signature:	
Date:	