### *<on school letterhead>*

[Date]

Name of Student:

Re: Upcoming EQAO Assessment

Dear <*Parent or Guardian>*:

Between [date] and [date],students in Grades 3 and 6 will participate in the Assessments of Reading, Writing and Mathematics, Primary and Junior Divisions, administered by Ontario’s Education Quality and Accountability Office (EQAO).

Each assessment includes a language and mathematics component, along with a voluntary student questionnaire and an introductory session with a sample test for students to familiarize themselves with the e-assessment platform. The assessments are designed to allow students to demonstrate their skills and knowledge relating to reading, writing and mathematics as described in *The Ontario Curriculum, Grades 1–8: Language* (2023) and *The Ontario Curriculum, Grades 1–8: Mathematics* (2020).

The purpose of this letter is to inform you that we recommend that your child receive an exemption from the following components of the assessment:

* Reading
* Writing
* Mathematics

#### We are recommending this exemption for the following reasons:

#### *<*Give the reasons. Refer to the sections on accommodations and exemptionin the***User Guides for the Administration of the Assessments of Reading, Writing and Mathematics, Primary and Junior Divisions.***

<*Remove the following section if student is being exempted from all components of the assessment.*>

EQAO assessment questions are directly based on the expectations set out in the curriculum*,* which is what teachers teach in the classroom every day. Therefore, students do not need to prepare in any special way. Students will complete the assessment in class and are simply encouraged to do their best and show what they know. The results can be considered alongside other information, like report card and classroom assessment marks, to help parents and guardians understand how a student is meeting curriculum expectations in reading, writing and mathematics.

Your child will be participating in the following components of the assessment:

* Reading
* Writing
* Mathematics

If you agree with this recommendation for an exemption, please sign the consent below and return it to the school by *<date>.*

I (we) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to an exemption from the Assessment of Reading, Writing and Mathematics, *<Primary or Junior>* Division, for the above-named student.

*<PRINT NAME OF PARENT or GUARDIAN>*

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature Date

If you have any questions or concerns about the exemption your child will receive, please contact me.

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(*School Administrator’s name and signature*)