

## BIMAS Opt Out Form

I understand that my child's school, Old Pointe Elementary, will be completing a universal assessment of behavioral health to all students. I wish to not have an assessment completed for my child. I understand that by signing this form, my student will not be included in the school-wide assessments.

Student's Name: \_\_\_\_\_

Print Name of parent / guardian:

\_\_\_\_\_

Signature of parent / guardian:

\_\_\_\_\_

Date: \_\_\_\_\_