

BIMAS Opt Out Form

I understand that my child's school, Ebinport 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: _____