

Medical Exemption Form Requesting an Exemption from State Testing Due to a Medical Emergency

All students, including students with disabilities and non- or limited-English proficient students, are required by federal law (ESEA, HR1, Title1, Part A, Subpart 1, Section iiii, (b)(C)(ix)) and state statute (§22-2C-4(d), NMSA 1978) to take part in the statewide assessment program. Students with very serious medical and mental conditions can and do participate successfully in statewide assessments. However, there are rare and unique situations in which a student is unable, for medical reasons, to participate in any part of an assessment. Federal regulations allow exceptions to participation in such situations and exceptions must be made with the greatest care and restraint.

This document explains federal requirements for students to participate in state tests, allowable medical exemptions and it provides the form for a school district or charter school to request an exemption. Forms for a school district or charter school to use to obtain parental consent for the exemption and a recommendation from a student's treating medical provider are attached. Procedures for requesting a medical exemption are also explained.

Requirements to Participate in State Assessments

All students, including students with disabilities and non- or limited-English proficient students, are required by federal law (ESEA, HR1, Title1, Part A, Subpart 1, Section iiii, (b)(C)(ix)) and state statute (§22-2C-4(d), NMSA 1978) to take part in the statewide assessment program in one of the following ways:

- Participate in the general statewide assessment (SBA) without accommodations.
- Participate in the general statewide assessment (SBA) with accommodations.
- Participate in the alternate assessment (NMAPA), available for students with an Individualized Education Program (IEP) who meet specified criteria. Every student has the right to participate in a statewide assessment to show what they know and are able to do relative to state academic content standards.

Definitions

Medical Emergency

In rare instances, a student may be unable to participate in any part of the assessment **due to a significant and documented medical or mental emergency.** Examples of significant medical emergency include: a serious car accident, hospitalization, severe trauma, mental health crisis that is dangerous to self or others, or placement in hospice care. Medical emergencies of this kind must be **identified and verified in writing by a licensed physician and kept on file by the local district**.

In addition, special education law requires that each student who receives special education services must have a written IEP that documents how a student will participate in statewide assessment, including, including documentation of a medical exemption must be documented in the student's IEP.

Students with acute, short term minor illnesses or injuries must participate in the assessment.

Medically Fragile with a Medical Emergency

All medically fragile students are expected to participate in the statewide assessment unless a significant and documented medical emergency exists in addition to medical fragility (See "Medical Emergency" above.)

In those rare documented cases of medical emergency, where a medically fragile student cannot reasonably participate in any statewide assessment, the IEP team must formally document this decision on the student's IEP.

Procedures for Requesting a Medical Exemption

The medical emergency must be documented by a student's licensed medical provider on the Recommendation for a Medical Exemption form, and the school district should retain the form for a period of five years from the date of the test.

A parent's consent to a medical exemption request must be documented by the school district or charter school on the Parental Consent for Medical Exemption form, and the district or charter school should retain the form for a period of five years from the date of the test.

A school district or charter school must submit a completed Medical Exemption Form to the PED';s Assessment and Evaluation Bureau (Fax 505-827-6689). Upon receipt of that form, the PED will notify the district or charter school regarding the status of a request.

Reporting

Non-participation in a state assessment for any eligible student must be reported for the test. If a medical emergency exemption has been approved, the test administrator must also bubble *Medical Emergency* on the biogrid *Test Completion Status* and return a blank answer document for the student. A student for whom a medical exemption was approved will not count against a school's grade under the state's school grading system for the school or district.

For more information, contact:

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Recommendation for a Medical Exemption

As a medical provider for the student listed below, you are deemed qualified to make a recommendation regarding a request for exemption from state tests due to a medical emergency. This form explains federal requirements for taking state tests and allowable medical exemptions.

The criteria below include the minimum conditions that must be met in order for the New Mexico Public Education Department (PED) to grant a student an exemption from state assessments due to a medical emergency.

Participation in State Tests

All students, including students with disabilities and non- or limited-English proficient students, are required by federal law (ESEA, HR1, Title1, Part A, Subpart 1, Section iiii, (b)(C)(ix)) and state statute (§22-2C-4(d), NMSA 1978) to take part in the statewide assessment program. Students with acute, short-term, minor illnesses or injuries must participate in the assessment. Students with serious medical and mental conditions can and do participate successfully in statewide assessments. However, there are rare and unique situations in which a student is unable, for medical reasons, to participate in any part of the assessment. Federal regulations allow exceptions to participation in such situations, and exceptions must be made with the greatest care and restraint.

Medical Emergency

In rare instances, a student may be unable to participate in any part of the assessment **due to a significant and documented medical or mental emergency.** Examples of significant medical emergency include: a serious car accident, hospitalization, severe trauma, mental health crisis that is dangerous to self or others, or placement in hospice care. Generally, if the student is able to receive instruction during the testing window, the student might be able to participate in assessment. An injured student can often participate in a state assessment with accommodations. The completed form must be returned to the requesting school district or charter school by the student's parent.

1. Student Information		Date applied:				
Student State ID Number (9 digits	5)	Date of Birth	: mm/dd/	уууу		
		-				
Last Name:		Middle Initial	: Fir	st Name:		
Grade Level:						
Grade Level.						
2. For which assessment and co	ontent are	as is the scho	ool reque	esting this e	exemption?	
SBA (Standards Based				New Mexico Alternate		
Assessment)	Language	Proficiency)		Performar	nce Assessment)	
3. Medical provider's assurance	. rogordin	~ a raaamma.		mption du	to a madical	
emergency:	regardin	g a recomme	ided exe	emption aut	e to a medical	
This is a rare and unique situation	n in which t	he student is	Yes		No	
unable, for medical reasons, to p			103			
the assessment.	artioipato i	any part of				
There is a medical emergency, su	ich as a se	rious car	Yes		No	
accident, hospitalization, severe to						
crisis that is dangerous to self or o	others, or p	lacement in				
hospice care, that prevents this st						
participating in the state assessme	the testing					
period.						
This student is unable, due to the		mergency, to	Yes		No	
receive instruction during the testi	.:	Vaa		Na		
I am a medical provider licensed i	CICO.	Yes		No		
	•					
Printed Name of Medical Provider	•					
Cignoture of Madical Dravidar						
Signature of Medical Provider						
Date						
	1					



Parental Consent for a Medical Exemption

All students, including students with disabilities and non- or limited-English proficient students, are required by federal law (ESEA, HR1, Title1, Part A, Subpart 1, Section iiii, (b)(C)(ix)) and state statute (§22-2C-4(d), NMSA 1978) to take part in the statewide assessment program. Students with very serious medical and mental conditions can and do participate successfully in statewide assessments. However, there are rare and unique situations in which a student is unable, for medical reasons, to participate in any part of an assessment. Federal regulations allow exceptions to participation in such situations and exceptions must be made with the greatest care and restraint.

As the parent of the student listed below, you must grant permission to the school district or charter school to request an exemption from state tests due to a medical emergency. If an exemption is granted, your child will not receive test scores that can be used by you and your child's teachers to plan instruction during the next year. You should consult with the school district regarding this

deci		and i	ts co	nseq	uenc	es. Y	ou m	ust s	ubmit the comp	leted for	m to the school district or charter		
		nt Inf	forma	ation							Date applied:		
Stuc	udent State ID Number (9 digits))		Date of Birth: mm/dd/yyyy					
									-				
Last Name									Middle Initial	Firs	First Name		
Gra	de Le	vel								,			
2. F	2. For which assessment and content areas is the school requesting this exemption?												
					-ELL(English e Proficiency)	·	NMAPA (New Mexico Alternate Performance Assessment)						
I do or do not (circle one) give the district permission to request an exemption from a state test due to a medical emergency for my child.													
Prin	ted N	lame	of Pa	arent									
Sigr	ature	of P	aren	t									
Date)												
Page	5 of 3	7	lanus	arv 20	13				PED Ever	motion from	n State Test Due to Medical Emergency		



Request for a Medical Exemption

A school district or state charter school must submit this completed form to the New Mexico Public Education Department to request an exemption due to a medical emergency for the student listed below.

Student State ID Number (9 digits)		Date of Birth: mm/dd/yyyy					
		-					
Last Name		Middle Initial	First Name				
Grade Level							
2. School Contact Information							
School Name							
District Name							
Mailing Address							
Superintendent's Name Phone		#	Email Address				
Principal's Name Phon		#	Email Address				
Person Requesting Exemption	Phone	#	Email Address				
3. For which assessment and content areas is the school requesting this exemption?							
SBA (Standards Based		-ELL (English	NMAPA (New Mexico Alternate				
Assessment)	Language	e Proficiency)	Performance Assessment)				

1. Student Information

Date applied:

4. Does the school district or c form on file that documented the			Consent for a Medical Exemption t?
Yes		No	
(One Box Must Be Filled Out)			
			Exemption form from a licensed
medical provider on file that do Yes		<u>edicai emerge</u> No	ncy?
(One Box Must Be Filled Out)			
,		almonation that	IFD been decouvered at his the IFD
team to seek this medical exem		ament to the I	IEP been documented by the IEP
Yes	No		N/A (The student does not receive
			special education services.)
(One Box Must Be Filled Out)			
	•	uperintendent o	or Administrator of State Chartered
School) This will count as your sig	gnature.		Data
Name			Date
E-mail			
12-27-2012 V			
For PED Use Only			
Assigned to			
Date			
Outcome			