

Request for Medical Exemption From Statewide Assessments

GENERAL INFORMATION

All students, including students with disabilities and English Learners, are required by state and federal law to take part in statewide assessments, with or without accommodations. 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; however, these exceptions must be made with the greatest care and restraint.

Medical Emergency Examples of a 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 must be identified and verified in writing by a licensed medical provider and kept on file by the local district.

In addition, each student who receives special education services must have a written Individual Education Program (IEP) that documents how a student will participate in statewide assessments, including documentation of any medical exemption in the student's IEP.

Minor Illness or Injury Students with 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 statewide assessments unless a significant and documented medical emergency exists in addition to medical fragility. When 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 Medical Exemption form, and the school district must 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 the completed Request for Medical Exemption Form (page 5 only) to the Assessment Bureau at ped.assessment@state.nm.us. The Assessment Bureau will notify the district or charter school regarding the status of a request. Pages 3, 4, and 5 must be kept with the district's testing documents for five years.

Reporting Nonparticipation in a state assessment for any eligible student must be reported for the test. 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 ped.assessment@state.nm.us or 505-827-5861.

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MEDICAL PROVIDER FORM

As a medical provider for the student listed on the next page, you are deemed qualified to make a recommendation regarding an exemption from statewide tests due to a medical emergency.

Participation in State Tests

All students, including students with disabilities and English Learners, are required by state and federal law to take part in the statewide assessments with or without accommodations. Students with 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; however, these 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 a 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 should be able to participate in assessment. An injured student can often participate in a state assessment with accommodations.

Minor Illness or Injury

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

NM Public Education Department

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MEDICAL PROVIDER FORM

Student Information

Student State ID Number (9 digits):					
Date of Birth (mm/dd/yyyy):					
Last Name:		First Name:		Middle Initial:	
Current Grade Level:					

For which assessments is the school/district requesting this exemption?

Choose all that apply: <input type="checkbox"/> PARCC <input type="checkbox"/> SBA <input type="checkbox"/> NMAPA <input type="checkbox"/> ACCESS <input type="checkbox"/> EoC <input type="checkbox"/> Istation
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Medical provider's assurance on recommended medical emergency exemption

This is a rare and unique situation in which the student is unable, for medical reasons, to participate in any part of the assessment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
There is a medical emergency, such as a serious car accident, hospitalization, severe trauma, mental health crisis that is dangerous to self or others, or placement in hospice care, that prevents this student from participating in the state assessment during the testing period.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
This student is unable, due to the medical emergency, to receive instruction during the testing period.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am a medical provider licensed in New Mexico. If NO, please specify the state that issued the license. State: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Medical Provider Information

Printed Name of Medical Provider:	
Signature of Medical Provider:	
Date:	

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PARENT CONSENT FORM

All students are required by state and federal law to take part in state tests. 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 take these tests. Federal regulations allow exceptions to participation in such situations; however, these exceptions must be made with great caution.

As the parent or guardian, 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 approved, your child will not be tested and will not receive test scores that can be used by you and your child's teachers to plan instruction during the next year. Please return this completed form to your child's teacher or to the school's Test Coordinator.

Student Information

Student State ID Number (9 digits):					
Date of Birth (mm/dd/yyyy):					
Last Name:		First Name:		Middle Initial:	
Current Grade Level:					

For which assessments is the district/school requesting this exemption?

Choose all that apply: PARCC SBA NMAPA ACCESS EoC Istation

You must check one:

- I GIVE my permission to request a medical exemption for my child.
 I DO NOT give my permission to request a medical exemption for my child.

Parent Information

Printed Name of Parent:	
Signature of Parent:	
Date:	

NM Public Education Department

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DISTRICT/SCHOOL SUBMISSION OF FORM TO PED

This completed page requesting a medical exemption must be emailed to ped.assessment@state.nm.us. Email **this page only**. Maintain pages 3, 4, and 5 in your testing records for five years.

Student Information

Student State ID Number (9 digits):			
Student Initials Only		Student Date of Birth:	

School and District Contact Information

District:	School:
Name of District Test Coordinator:	Email:
Name of Superintendent:	Email:
Name of Principal:	Email:
Name of person requesting exemption:	Email:

For which assessments is the district/school requesting this exemption?

Check all that apply: <input type="checkbox"/> PARCC <input type="checkbox"/> SBA <input type="checkbox"/> NMAPA <input type="checkbox"/> ACCESS <input type="checkbox"/> EoC <input type="checkbox"/> Istation

Parental Consent received: Yes No

Medical Provider Recommendation received: Yes No

Does the student have an IEP/504 on file? Yes No

If yes, has a written amendment been documented? Yes No NA

Have assessment requirements for graduation been considered? Yes No NA

For PED Use Only	
Assigned to	Date:
<input type="checkbox"/> Reason for Denial:	
<input type="checkbox"/> Approved for <input type="checkbox"/> PARCC <input type="checkbox"/> SBA <input type="checkbox"/> NMAPA <input type="checkbox"/> ACCESS <input type="checkbox"/> EoC <input type="checkbox"/> Istation	
Date District Notified:	