

NM Public Education Department

Request for Medical Exemption From Statewide Assessments

GENERAL INFORMATION

Federal regulations allow exceptions to participation in such situations; however, these exceptions must be made with the greatest care and restraint. Medical emergency exemptions from testing shall be granted on a case-by-case basis only. The following medical conditions must be met in order for the student to be excused from the state assessment.

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.

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

SECTION 1: The medical emergency must be documented by a student's licensed medical provider on the Recommendation for Medical Exemption form.

SECTION 2. 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.

PAGE 2 containing Sections 1 and 2 must be retained by the district for a period of five years from the date of the test. For student privacy reason, do NOT submit this form to PED. PED does reserve the right to review district records at any time.

PAGE 3, containing section 3, must be submitted 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 2 and 3 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.

NM Public Education Department

Request for Medical Exemption From Statewide Assessments

THIS PAGE SHOULD BE KEPT BY THE DISTRICT ON FILE FOR 5 YEARS.

SECTION 1: MEDICAL PROVIDER FORM

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/parent requesting this exemption?

Assessment(s):

Medical provider's assurance on recommended medical emergency exemption

I hereby confirm that the absence of _____ (student name) is physician-advised due to a life-threatening illness or medical emergency. My signature certifies that I have examined the student named herein and I certify that the student is unable to participate in testing. The student should be excused for the following dates:

Medical Provider Signature

Date

SECTION 2: PARENT CONSENT FORM

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

Assessment(s):

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

Request for Medical Exemption From Statewide Assessments DISTRICT/SCHOOL SUBMISSION TO PED

ONLY this page must be emailed to ped.assessment@state.nm.us.

Maintain ALL pages in your testing records for five years.

Student Information

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

School and District Contact Information

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

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

Assessment(s):

- 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:	
Date District Notified:	