



GENERAL INFORMATION

Purpose of Form: Federal regulation allows exemptions to participation in state assessments. This form is to request an exemption from testing for a student who has had an accident, serious injury, or illness that prevents the student from being able to participate in a required state assessment. Medical exemptions from testing shall be granted on a case-by-case basis only.

When this form should not be submitted:

- A student has an unexpected medical condition but is receiving instruction.
- A student has a short-term minor illness or injury.
- A student is identified as medically fragile but is still receiving instruction.

Only a serious illness, injury, or medical emergency, which must be identified and verified in writing by a licensed medical provider and kept on file by the district, will exempt a student from the state assessment. Examples include a serious car accident, sudden hospitalization, emergency surgery, cancer treatment during the testing window, severe trauma, mental health crisis that is dangerous to self or others, or placement in hospice care. If a student has an IEP or 504 Plan, the team must formally document the medical exemption in the plan.

PROCEDURE FOR REQUESTING A MEDICAL EXEMPTION

Part A: Completed by the student's licensed medical provider.

Part B: Completed by the parent to give consent for the medical exemption request.

Part C: Completed by the LEA and submitted by email 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.

ONLY Part C should be submitted to PED. For student privacy, Parts A and B should NOT be submitted to PED, which may review district records at any time. Parts A, B, and C must be retained by the district for a period of five (5) years from the date of the test.

For more information, contact ped.assessment@state.nm.us or 505-827-5861.



PART A: COMPLETED BY MEDICAL PROVIDER

| | | |
|--|-------------|-----------------|
| Student State Identification (SSID) number (9 digits): | | |
| Date of Birth: | | |
| Last Name: | First Name: | Middle Initial: |
| Current Grade Level: | | |

Medical provider’s assurance on recommended medical emergency exemption

I hereby confirm that the absence of _____ (student name) is physician-advised due to a serious 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

PART B: COMPLETED BY PARENT

For which assessment(s) 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: |

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

DO NOT SEND THIS PAGE TO PED.



PART C: COMPLETED BY LEA AND SUBMITTED TO PED

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

Student Information

| | |
|--|------------------------|
| Student State Identification (SSID) 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 assessment(s) is the district/school requesting this exemption?

| |
|----------------|
| Assessment(s): |
|----------------|

- Parental Consent completed and filed at LEA: Yes No
- Medical Provider section completed and filed at LEA: Yes No
- Have assessment requirements for graduation been considered? Yes No NA
- Does the student have an IEP/504 on file? Yes No
- If yes, has the medical exemption been documented? Yes No NA

| For PED Use Only | |
|---|-------|
| Assigned to | Date: |
| <input type="checkbox"/> Reason for Denial: | |
| <input type="checkbox"/> Approved for: | |
| Date District Notified: | |

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