

State of New Mexico

Public Education Department

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| **WAIVER FOR TARGETED LEVELS OF PROFICIENCY**  ***OF THE GENERAL GRADUATION EXAMINATION DUE TO MEDICAL***  ***OR MENTAL HEALTH ISSUES FOR STUDENTS WITH DISABILITIES*** |

**revised: 03.05.2025**

**Waiver rEQUEST**

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| **Instructions:** Please complete this form electronically from the superintendent, charter school administrator or designee.  **Note:** The response boxes expand automatically as you add text. | | | | |
| District or Charter School: | | | | |
| Superintendent or Charter School Administrator: | | | | |
| Mailing Address: | | | State: NM | Zip Code: |
| Phone: | Fax: | Email: | | |

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| Secondary Contact: | | | | |
| Mailing Address: | | | State: NM | Zip Code: |
| Phone: | Fax: | Email: | | |

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| Date Submitted | | |
| Does local school board policy require board approval prior to this request? | Yes | No |
| If yes, has board approval been obtained? | Yes | No |
| Date of Board Approval | | |

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| **Applicable Statute and/or State Rule** |
| **NMAC 6.29.1.9 PROCEDURAL REQUIREMENTS**  **K. Graduation requirements.**  (13) Graduation requirements for students with disabilities  (g) To establish a level of proficiency on the current graduation examination or the state-approved alternate assessment for students on a career readiness program of study or ability program of study, IEP teams shall review the student's performance on the first attempt, and establish a targeted proficiency on all sections that are below the state's minimum requirement. For those students who meet participation criteria for the New Mexico alternate assessment, IEP teams shall |

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| **Applicable Statute and/or State Rule** |
| set targeted levels of proficiency based upon previous performance on the test. If the student has previously been administered the New Mexico alternate assessment and has achieved an advanced level of overall performance, the IEP team shall arrange for the student to participate in the general graduation examination, and shall identify appropriate accommodations that the student may require. IEP teams shall document the targeted levels of proficiency on the IEP and the PWN, outlining the plan of action to be taken by both the student and the district or charter school to ensure that the student will meet the targeted levels of proficiency. **Districts or charter schools may submit a written request for a waiver to the secretary in cases where a student has medical or mental health issues that may result in regression or that negatively influence the student's ability to achieve targeted levels of proficiency. The written request shall be signed by the superintendent or charter school administrator and shall include documentation of the medical or mental health issues.** |

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| **Instructions:** Insert specific local policy here. |

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| **Student** | **School** |
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| **Brief Description** of student’s medical or mental health issue. Attach documentation. | |
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| **NM Alternate Assessment.** Has the student taken the New Mexico Alternate Assessment and achieved an advanced level of overall performance? If so, list date of the test and attach documentation to support achievement of advanced level. |
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| **Graduation exam.** Has the IEP team arranged for the student to participate in the general graduation examination? |
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| **IEP.** Has the IEP team developed an IEP identifying appropriate accommodations that the student may need to participate in the general graduation examination? Attach supporting documentation. |
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| **Document and Plan of Action.** Has the IEP team documented in the IEP and the PWN the student’s targeted level of proficiency in the general graduation examination, as well as a plan of action to be taken by the student and the district or charter school to ensure that the student will meet the targeted levels of proficiency? Attach supporting documentation. |
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| **Nature of student issue.** What is the nature of the medical or mental health issue that may result in regression or that might negatively impact the student’s ability to achieve the targeted levels of proficiency? Explain in detail and attach supporting documentation. |
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| **FOR PED INTERNAL USE ONLY** | |
| Reviewed by: | Date: |
| **Rationale for Approval:** | Date: |
| Concur with staff recommendations for approval.  Mariana D. Padilla  Secretary of Public Education | Date: |
| **Rationale for Non-Approval:** | Date: |
| Concur with staff recommendations for non-approval.  Mariana D. Padilla  Secretary of Public Education | Date: |
| Returned to superintendent or charter school administrator by: | Date: |

**revised: 03.05.2025**