



STATE-APPROVED SPECIAL CONSIDERATIONS

Form 1: *DISTRICT ASSURANCES FORM* ***

“Verification of Information Submitted for Exemption Request”

District:		Student: <small>(First and Last Name)</small>		SASID: <small>(100xxxxxxx)</small>	
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It is the responsibility of the superintendent to review in a timely manner all requests for State-Approved Special Considerations (SASC) that would permit a student to be exempted from testing. The criteria below include the minimum conditions that must be met to qualify for exemption from statewide assessment. Upon receipt of a request for exemption, the superintendent must determine if the following conditions have been met and verify accuracy of information. **NOTE: RIDE reserves the right to review district files to ensure compliance with requirement to retain signed copies of applicable Forms.**

Assurances by District:	Yes	No	n/a	If no, then add comment(s):
1. The student was consulted prior to submitting this request.				
2. The student agrees with this request.				
3. The parent(s)/guardian(s) was consulted prior to submission of request.				
4. A parent/guardian signed a copy of <i>Form 2</i> to document their participation in the request for exemption.				
5. A parent/guardian indicated on <i>Form 2</i> that he/she gives permission for district staff to share relevant information about the request for exemption with RIDE.				
6. There is a medical reason or personal crisis or family emergency that prevents this student from receiving <i>instruction</i> during the remaining test window.				
7. A treating physician/licensed mental health worker signed <i>Form 3</i> indicating that this student cannot participate in INSTRUCTION , even with accommodations, during the remaining test window.				
8. A treating physician/licensed mental health worker signed <i>Form 3</i> indicating that this student cannot participate in ASSESSMENT , even with accommodations, during the remaining test window.				

I certify that the information contained within this notification is complete and accurate.

Superintendent’s Full Name *(please print)*

Superintendent’s Signature

____/____/_____
Date

*** AFTER SIGNING, FAX A COPY TO RIDE AT [401-222-3605](tel:401-222-3605)