Request for Medical Exemption from Testing

FORM 2: PARENT/GUARDIAN CONSENT FORM

District Directions: Give this form to the parent/guardian of the student. Once signed, retain with the student’s records. Do not send this form to RIDE.

Parent/Guardian Directions: Please read and complete this form and return it to your child’s school or district office.

Student Name (print): __________________________________________________________

I have consulted with the school or district regarding the request to exempt my child from the ____________________________ assessments.

I understand that this means I will have either no test scores or partial test scores, depending on circumstances, for my child for the exempted assessment(s). By signing this request, I acknowledge that:

1. I was (or) was not (circle one) involved in the decision for the district to seek an exemption for my child from the statewide assessment.
2. I do (or) do not (circle one) give permission for the school or district to discuss the reason for the request with Dr. Phyllis Lynch, Director of Instruction, Assessment and Curriculum at the Rhode Island Department of Education.

____________________________________________
Parent/Guardian Full Name (please print)

____________________________________________  _____/_____/_____
Parent/Guardian Signature Date