



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