



Request for Medical Exemption from Testing

FORM 1: DISTRICT ASSURANCES FORM

Directions: There are three steps for submitting an exemption to RIDE:

- 1) All information on Form 1 must be completed and faxed to 401-222-3605. Incomplete forms and forms submitted after the deadline will not be accepted.
- 2) Request must be logged through the eRIDE State Assessment Exemption Request System
- 3) Forms 2 and 3 must be completed and retained by the District.

Student Name

D.O.B.

SASID (1000XXXX)

Assurances by District:	Yes	No	n/a	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 Form 2 to document their participation in the request for exemption.				
5. A parent/guardian indicated on Form 2 that they give permission for the contact person listed below to share relevant information about this request with RIDE. <i>If parent did not give permission, go to question 7.</i>				
6. Briefly describe the medical emergency and/or serious illness:				
7. A treating physician/licensed mental health professional signed Form 3 indicating that this student cannot attend school or participate in learning or other educational activities, even with adjustments to their school schedule, location (home tutoring), or other supports and/or accommodations.				
8. A treating physician/licensed mental health professional signed Form 3 indicating that the student cannot take the state assessment, even with accommodations or other supports.				
9. Contact information of the district or school administrator most knowledgeable about this student's situation and who will be available to answer any questions (please print):				
Name: _____ Title: _____ Phone: _____				

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

Superintendent's Name (print)	Superintendent's Signature	Date	District	Phone Number