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 district to submit this exemption request to the Rhode Island Department of Education, Office of Curriculum, Instruction, and Assessment, for review.

____________________________________________
Parent/Guardian Full Name (please print)

____________________________________________                      _____/_____/_____
Parent/Guardian Signature                     Date