# Requesting Medical Exemptions from Statewide Assessments

<table>
<thead>
<tr>
<th>Assessment Name</th>
<th>Last Day to Submit Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS for ELLs</td>
<td>Friday, March 1</td>
</tr>
<tr>
<td>Alternate ACCESS for ELLs</td>
<td>Friday, March 1</td>
</tr>
<tr>
<td>DLM Alternate Assessment for English Language Arts</td>
<td>Friday, May 31</td>
</tr>
<tr>
<td>DLM Alternate Assessment for Mathematics</td>
<td>Friday, May 31</td>
</tr>
<tr>
<td>DLM Alternate Assessment for Science</td>
<td>Friday, May 31</td>
</tr>
<tr>
<td>PSAT\textsuperscript{TM}10</td>
<td>Friday, May 31</td>
</tr>
<tr>
<td>RICAS English Language Arts</td>
<td>Friday, May 31</td>
</tr>
<tr>
<td>RICAS Mathematics</td>
<td>Friday, May 31</td>
</tr>
<tr>
<td>RI Next Generation Science Assessment</td>
<td>Friday, May 31</td>
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<tr>
<td>SAT\textsuperscript{®}</td>
<td>Friday, May 31</td>
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WHAT IS A MEDICAL EXEMPTION

ALL Rhode Island students, including students receiving education services at any out-of-state school or program, are expected to take part in Rhode Island’s statewide academic assessment program in one of the following ways:

1. Participate in the statewide general assessments without accommodation(s);
2. Participate in the statewide general assessments with accommodation(s); or
3. Participate in the alternate assessments which are both available only for students with an Individualized Education Program (IEP) who meet specific eligibility criteria.

Each year, students with very serious and chronic medical or other conditions can and do participate successfully in Rhode Island’s statewide assessments. However, there are rare and unique situations in which a student is unable to participate in statewide assessments due to a documented, significant, and incapacitating emergency that extends across the entire (or remaining) test window. In these instances, districts may request an exemption from testing the student. To apply for a medical exemption, districts must gather documentation that the student meets two criteria: 1) that the student’s situation is so severe, the student cannot participate in any learning or educational activities, in any setting (home, school, or outplacement facility) and 2) they cannot participate in any tests, even with adjustments (accommodations) that could allow them to take the test.

GENERAL RULE: If the student is able to participate in learning activities and education, either in their school, home, or outplacement facility, then he/she is able to participate in state assessments.

The decision to test or not test a student should never depend solely on the outcome of the exemption request to RIDE. It is incumbent upon the requesting district to provide RIDE with enough compelling evidence to warrant each medical exemption request and justify RIDE’s approval of the request.

DEFINITION OF SERIOUS ILLNESS

Rhode Island defines a serious illness as one that prevents the student from receiving instruction and from participating in assessment for the remainder of the testing window.

DEFINITION OF MEDICAL EMERGENCY

Rhode Island defines a medical emergency as an incident involving a medical condition, injury, or crisis requiring hospitalization, clinical care, or treatment in response to the incident. Typically, a medical emergency prevents the student from receiving instruction and from participating in assessment for the remainder of the testing window.

Conditions that may not qualify for exemption:

- Medical fragility unless a significant and documented medical emergency or condition exists in addition to medical fragility
- Short-term illnesses, minor injuries, or broken arms
- Certain mental health conditions that permit students to receive instruction
- Pregnancy

CONCUSSIONS

Due to the specialized care concussions require, even with accommodations, the student may not be able to participate fully in instruction or in statewide assessments. Because of the nature of concussions and how important it is to care for a concussion correctly, this injury is the exception to the rules above. The exemption request process must be followed and evidence from the physician must be provided.
OVERVIEW OF THE PROCESS FOR SUBMITTING A MEDICAL EXEMPTION

There are five steps for submitting an exemption to RIDE:

1) All information on Form 1, the District Assurances Form, 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 Medical Exemption System at http://www.ride.ri.gov/InstructionAssessment/Assessment/AssessmentExemptions.aspx

3) Forms 2 and 3 must be completed by the student’s school and retained by the District.

4) RIDE will review Form 1 and verify that the request has been logged through the eRIDE system. If needed, RIDE will contact the principal or the Superintendent for clarification if the information submitted is insufficient.

5) RIDE sends an email with the final decision to the superintendent.

DESCRIPTION OF FORMS

There are three forms associated with submitting a request for a medical exemption. All forms are available on the RIDE website at: http://www.ride.ri.gov/InstructionAssessment/Assessment/AssessmentExemptions.aspx and in the back of this manual.

Form 1: District Assurances Form. This form ensures that the district has gathered the necessary evidence, completed forms, and that the superintendent reviewed the information before submitting a medical exemption request for approval. **This form must be signed and faxed to RIDE at: 401-222-3605.** Incomplete forms and forms submitted after the deadline will not be accepted.

Form 2: Parent/Guardian Consent Form. Available in English, Spanish, and Portuguese. Have parent/guardian complete and sign a hard copy of Form 2. Retain original with student records. Do not send to RIDE.

Form 3: Treating Physician/Mental Health Professional Form. Have treating physician/mental health professional complete and sign a copy of Form 3. Retain original with student records. Do not send to RIDE.

OTHER IMPORTANT REMINDERS

- **Outplacement schools and out-of-state schools** must contact the sending district of the student and explain the nature of the request. The outplacement/out-of-state school is responsible for submitting completed forms and other evidence to the sending district’s superintendent. The sending district’s superintendent is responsible for making a final decision on whether or not to submit a medical exemption and for completing all necessary forms.

- **Missing the deadline:** If you feel that you may miss the deadline for submitting a request, please contact RIDE as soon as possible.

- **English learners (ELs)** are exempt from taking English language arts assessments if they entered the U.S. **after April 1st 2018.** They must take the mathematics and science assessments regardless of when they entered the U.S. DO NOT submit an exemption for these students.

- **ACCESS for ELLs and Alternate ACCESS for ELLs:** Exemptions for these assessment are included in this online process.

- **Accountability Implications:** Students who do not participate in state assessments and who do not receive an approved exemption are included as nonparticipants for school accountability.

- **Non-Tested Codes for assessments:** Entering the non-tested code for approved exemption does not indicate an exemption was submitted to, or approved by, RIDE.

- **Auditing of Forms:** RIDE reserves the right to audit districts to ensure compliance with the requirement to retain signed copies of all applicable Forms.
Request for Medical Exemption from Testing

**FORM 1: DISTRICT ASSURANCES FORM**

**Directions:** Follow these 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 sending district.**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>D.O.B.</th>
<th>SASID (1000XXXX)</th>
</tr>
</thead>
</table>

**Assurances by District:**

<table>
<thead>
<tr>
<th>Assurances by District</th>
<th>Yes</th>
<th>No</th>
<th>n/a</th>
<th>Comment(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student was consulted prior to submitting this request.</td>
<td></td>
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<tr>
<td>2. The student agrees with this request.</td>
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<tr>
<td>3. The parent(s)/guardian(s) was consulted prior to submission of request.</td>
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<tr>
<td>4. A parent/guardian signed a Form 2 to document their participation in the request for exemption.</td>
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<tr>
<td>5. A parent/guardian indicated on Form 2 that they give permission for district staff to share relevant information about this request with RIDE. <em>If parent did not give permission, go to question 7.</em></td>
<td></td>
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<tr>
<td>6. Briefly describe the medical emergency and/or serious illness:</td>
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<tr>
<td>7. The student has a serious illness or medical condition that prevents them from participating in learning activities and educational experiences.</td>
<td></td>
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<tr>
<td>8. A treating physician/licensed mental health professional signed Form 3 indicating that this student <strong>cannot</strong> 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.</td>
<td></td>
<td></td>
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<tr>
<td>9. A treating physician/licensed mental health professional signed Form 3 indicating that the student <strong>cannot</strong> take the state assessment, even with accommodations or other supports.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Contact information about the district or school administrator most knowledgeable about this student’s situation and who will be available to answer any questions (please print):</td>
<td></td>
<td></td>
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</table>

| 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 |
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 ________________________________ assessment(s).

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
CONSIDERACIONES ESPECIALES APROBADAS POR EL ESTADO

FORMULARIO 2: FORMULARIO DE CONSENTIMIENTO DE LOS PADRES/ TUTOR

(Nota al Distrito: no enviar el Formulario 2 a RIDE. Por favor retener en el registro del estudiante)

Nombre completo del alumno:
(en letra de imprenta)

He consultado al distrito escolar con respecto a la solicitud de exceptuar a mi hijo de la/s evaluación/es ____________________________________________

[por favor indique el/los examen/es específico/s por el/los cual/es solicita la exención]

Comprendo que esto significa que no tendré datos de la evaluación a nivel estatal (o sólo datos parciales, según las circunstancias) con respecto a mi hijo sobre las evaluaciones exceptuadas. Al firmar esta solicitud, reconozco que:

Yo PARTICIPÉ (o) NO PARTICIPÉ (marcar una opción) en la decisión para que el distrito conceda una excepción a mi hijo de la evaluación a nivel estatal por razones médicas u otras circunstancias atenuantes.

Y

Yo AUTORIZO (o) NO AUTORIZO (marcar una opción) al distrito a analizar el motivo que fundamenta la solicitud con Phyllis Lynch, Director de Instrucción, Evaluación y Prograr del Departamento de Educación de Rhode Island.

Nombre completo del padre/ madre/ tutor (en letra de imprenta)

__________________________________________________________  /__/  
Firma del padre/ madre/ tutor  Fecha
CONSIDERAÇÃO ESPECIAL APROVADA PELO ESTADO

FORMULÁRIO 2: FORMULÁRIO DE CONSENTIMENTO DOS PAIS/GUARDIÃES
(Obs. Ao Distrito: Não envie o Formulário 2 ao RIDP. Mantenha com o arquivo do aluno)

Nome completo do aluno:
(Em letra de forma)

Entrei em contato com o distrito escolar a respeito da requisição para isentar meu/minha filho(a) da(s) avaliação(ões) 
[Indique o(s) teste(s) específico(s) para o(s) qual(is) está solicitando isenção]

Entendo que não terei nenhum dado da avaliação estadual (ou apenas alguns dados dependendo das circunstâncias) sobre meu/minha filho(a). Ao assinar esta requisição, entendo que:

Eu **FUI** (ou) **NÃO FUI** (circule um) envolvido(a) na decisão do distrito de **obter uma isenção** para meu/minha filho(a) não participar da avaliação estadual devido a motivos médicos ou outras circunstâncias extenuantes.

E

Eu **DOU** (ou) **NÃO DOU** (circule um) **permissão para que o distrito discuta o motivo da requisição** com Plyllis Lynch, Diretora da Instruction, Assessment and Curriculum do Rhode Island Department of Education (Departamento de Educação de Rhode Island).

Nome completo do Pai/Guardião (Imprimir)

Assinatura do Pai/Guardião                                      Data

Form 2 Portuguese Version
Request for Medical Exemption from Testing

FORM 3: TREATING PHYSICIAN/MENTAL HEALTH PROFESSIONAL FORM

Student Name: __________________________

Directions for District: Give this form to the physician/mental health professional. Retain with student’s records. Do not send to RIDE.

Directions for Physician or Mental Health Professional: You are in a position to advise the parents and the student’s educational team regarding this request. After reading the information below, indicate whether or not you agree or disagree with each assurance, initial each statement, and sign and date the bottom of this form.

What is a Medical Exemption? Each year, students with very serious and chronic medical or other conditions can and do participate successfully in Rhode Island’s statewide assessments. However, there are rare and unique situations in which a student is unable to participate in statewide assessments due to a documented, significant, and incapacitating emergency that extends across the entire (or remaining) test window. In these instances, districts may request an exemption from testing the student. To apply for a medical exemption, districts must gather documentation that the student meets two criteria: 1) that the student’s situation is so severe, the student cannot participate in any learning or educational activities, in any setting (home, school, or outplacement facility) and 2) they cannot participate in any tests, even with adjustments (accommodations) that could allow them to take the test.

Serious Illness: Rhode Island defines a serious illness as one that prevents the student from attending school or participating in education activities in any setting and from taking the state test for the remainder of the testing window.

Medical Emergency: Rhode Island defines a medical emergency as an incident involving a medical condition, injury, or crisis requiring hospitalization, clinical care, or treatment in response to the incident.

Conditions that generally do not qualify for exemption:

- Medical fragility – unless a significant and documented medical emergency or condition exists in addition to medical fragility
- Short-term illnesses or minor injuries
- Certain mental health conditions
- Pregnancy

<table>
<thead>
<tr>
<th>Treating Physician's/Mental Health Professional’s Assurances</th>
<th>AGREE (y/n)</th>
<th>DISAGREE (y/n)</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 This student is experiencing a serious illness or medical emergency.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 This student cannot attend school or participate in learning or other educational activities, even with adjustments to their school schedule, location (home tutoring), or the inclusion of other supports and/or accommodations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 This student cannot take the state assessment, even with accommodations or other supports</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician/Mental Health Professional’s Name (print) __________________________

Signature __________________________

Date __________________________
USING ERIDE TO SUBMIT A MEDICAL EXEMPTION

Step 1: The Superintendent (or his/her designee) must log into eRIDE at www.eride.ri.gov/default_secure.asp.

Step 2: Select the “State Assessment Exemption Requests” icon.

Step 3: Enter the student’s SASID and click on the “Verify” button. If you receive no error messages, then the system will automatically populate the student’s gender, name, and date of birth. If you receive an error message, double-check the SASID you used was correct.

Step 4: Select the reason for the request.

Step 5: Select assessment(s) for which the exemption is being requested:
- ACCESS for ELLs
- Alternate ACCESS for ELLs
- DLM Alternate Assessment for English Language Arts
- DLM Alternate Assessment for Mathematics
- DLM Alternate Assessment for Science
- PSAT™10
- RICAS English Language Arts
- RICAS Mathematics
- Rhode Island Next Generation Science Assessment

Step 6: In the School and District Contact Information table, use the pull-down menu to select the district of enrollment, school of enrollment, and sending district name. The sending district superintendent’s name and contact information will automatically populate. Then click “Submit”.

Step 7: Once the online form and Form 1 are received by RIDE, the information will be reviewed and an email will be sent to the superintendent of RIDE’s decision. Both the online form and Form 1 must be received before the request will be evaluated.