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 <strong>cannot</strong> 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 <strong>cannot</strong> 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 __________________________