



# 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:** 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 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 a medical exemption. 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 receive any educational instruction in any setting (such as at home, school, or outplacement facility) and 2) they cannot participate in any assessments, even with adjustments (accommodations). If the student’s situation does not meet **both** of these conditions, *the student is able to receive instruction, and he/she is able to participate in state assessments*.

**Serious Illness:** a serious health condition that prevents the student from receiving instruction *and* from participating in assessment for the remainder of the testing window.

**Medical Emergency:** 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

| Treating Physician’s/Mental Health Professional’s Assurances: |   | Circle one |        | INITIAL |
|---|---|------------|--------|---------|
| 1   | This student is experiencing a serious illness or medical emergency.  | YES        | NO     |         |
| 2   | This student <i>can/cannot</i> participate in <u>instruction</u> , <u>regardless of setting</u> , even with accommodations, during the remaining test window. | CAN        | CANNOT |         |
| 3   | This student <i>can/cannot</i> participate in <u>assessment</u> , <i>even with accommodations</i> , during the remaining test window.                         | CAN        | CANNOT |         |

\_\_\_\_\_  
Physician/Mental Health Professional’s Name (*print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date