



**Rhode Island
Department
of Education**

State-Approved Special Considerations

Request Date: XX/XX/2023

Student's Full Name:	X		Gender:	X
SASID (eg, 100xxxxxxx):	XXXXXXXXXX	Date of Birth(MM/DD/YYYY):	XX/XX/XXXX	
Reason for Request:	Significant Medical Emergency		Grade	X

Below, please indicate the assessment(s) and the student's grade during the assessment(s):

	K	1	2	3	4	5	6	7	8	9	10	11	12
New group													
ACCESS for ELs													
Alternate ACCESS for ELs													
DLM Alternate Assessment: English Language Arts													
DLM Alternate Assessment: Mathematics													
DLM Alternate Assessment: Science													
PSAT 10													
RICAS: English Language Arts													
RICAS: Mathematics													
RI NGSA													
SAT													

School and District Contact Information:

District/LEA of Enrollment:	<i>District name</i>
School/Facility of Enrollment:	<i>School name</i>
Responsible / Sending District:	<i>District name</i>
Superintendent (or equivalent) Full Name:	<i>Superintendent full name</i>
Superintendent (or equivalent) Email:	<i>Superintendent e-mail</i>
Superintendent (or equivalent) Phone Number:	<i>401-XXX-XXXX</i>

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

- signed copies of Form 2 (Parent Form) and Form 3 (Physician's or Mental Health Professional's Form) are signed and on file at the district. I understand that RIDE reserves the right to request copies of Form 2 and Form 3 if questions arise about this exemption request.
- the student's medical emergency does not allow them to participate in instruction either in school or another location (such as their home or a hospital).
- the student cannot participate in state assessments due to their medical crisis.
- after careful review of accommodations and test supports, including consulting with RIDE if necessary, it was determined that there are no accommodations or other test supports (including options

for Emergency or Unique accommodations) that would allow the student to participate in the state assessment(s) for which this request is being submitted.

- the student's medical crisis spanned the duration of the state assessment testing window for the test(s) covered under this exemption request.

Explanation

RIDE Reply