



Appendix A: Medical Emergency Testing Exemption Form

This form is to be used to verify, document, and approve the exemption of students during the statewide assessment due to a medical emergency. The following medical conditions must be met in order for the student to be excused from the state assessment.

Medical emergency exemptions from testing shall be granted on a case-by-case basis only. The definition of medical emergency is designed to exempt only those students whose conditions results in the student being too ill to be tested.

Medical emergencies are limited to student with life-threatening or severe illnesses or injuries. It does not provide a categorical exclusion for all home- or hospital-bound students; it applies solely to a student for whom a physician confirms is too ill at the time of testing to participate in the test.

A request for exemption from testing on these grounds must complete the attached form and must be accompanied by a signed statement from the student's treating physician. The statement must:

1. Describe the nature of the condition or extraordinary treatment; and
2. Confirm that the condition or extraordinary treatment has substantially prevented the student from accessing educational services since its inception or are too physically fragile to participate in the test.

Completed forms must be submitted to the LEA Test Integrity Coordinator before the first day of testing. The LEA Test Integrity Coordinators in charter school LEAs must submit all completed forms to the DC Public Charter School Board (PCSB) before the first day of testing. Upon receiving the form, DCPS and PCSB must review the information each receives, issue a final determination, and return a copy of the package to the school. DCPS and PCSB are required to keep the information on file for at least four years. DCPS and PCSB must submit, no later than 10 business days after the last day of the districtwide testing window, the total number of students exempted from testing and the name, student identification number, and school of each exempted student. The information must be submitted to:

DC Office of the State Superintendent of Education
Dr. Tonya Mead
State Test Integrity Coordinator
(202) 741-5991 or Tonya.Mead@dc.gov
Division of Data Management, Assessment and Research
810 First Street NE, 9th floor, Washington, DC 20002

OSSE may request documentation from DCPS or PCSB regarding exempted students.

Exempted students will not be included in a school's or LEA's accountability calculations. Exemptions are valid only for the year in which they are requested; exemption status can be confirmed by DCPS or PCSB no later than 10 business days after the last day of the districtwide testing window.

To be considered a valid document for exemption, the form must include **a signed statement from the student's treating physician**. Submissions without a valid signature may be considered a false certification of a test security form, a violation. Further, all fields on the form must be complete, correct and legible for students to be considered for eligibility for a medical exemption.

Appendix A: Medical Emergency Testing Exemption Form

Section 1. Student information	
Student First Name: _____	LEA: _____
or Identification Number: _____	School: _____
Grade: _____	Name of Test Monitor: _____
Name of Assessment: _____	Indicate Exam Type: <input type="checkbox"/> PBA <input type="checkbox"/> EOY <input type="checkbox"/> Other _____

Section 2. Explanation of absence		
To be completed by the student's parent or legal guardian.		
Date of injury/illness: _____	Parent Signature: _____	Date: _____
Description of injury/illness: _____		

Section 3. Physician diagnosis			
To be completed and signed by a licensed physician.			
Physician Name: _____	Practice Name: _____		
Address: _____	State: _____	Zip: _____	
Primary diagnosis: _____			
Physician's statement:			
I hereby confirm that the absence of _____ (student name) is physician-advised due to a life-threatening illness or medical emergency. My signature certifies that I have examined the student named herein and I certify that the student is unable to participate in testing. The student should be excused for the following dates: _____			
Physician signature: _____	Date: _____		

Section 4. Test Monitor/ Principal verification	
To be completed by the student's Principal and/or Test Monitor in order to verify that the form has been completed and also to verify the statewide assessment absence dates. Once Sections 1-4 have been completed, the entire form should be faxed to the LEA Test Integrity Coordinator at (202) _____ Attention: _____ Keep the original on file at the school site.	
Principal and/or Test Monitor's Name: _____	
Principal and or Test Monitor's Signature: _____	Date: _____

Section 5. Data & accountability confirmation	
To be completed by DCPS or PCSB.	
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Justification for denial: _____	
LEA Test Integrity Coordinator's Signature: _____	Date: _____