



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

DC Statewide Assessments Medical Exemptions Form

Directions: 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 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. Medical emergency exemptions from a statewide assessment 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.

A request for exemption from testing on these grounds requires the submission of a completed medical exemption form in its entirety and 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 statewide assessment.

Test integrity coordinators, test monitors and/or heads of schools must submit completed and signed medical exemption forms to the test integrity coordinator before the first day of testing. Upon receiving the form, the LEA test integrity coordinators must review the information received for completion and forward to OSSE. OSSE will issue a final determination to the LEA. The LEA is required to keep the information on file for at least four years. As emergencies can result from unplanned events, all LEAs must ensure that medical exemption forms and accompanying physician's signatures are submitted to OSSE no later than 10 business days after the last day of the statewide assessment window. The information must be submitted to OSSE by the LEA via the OSSE Support Tool document upload tool.

OSSE may require documentation from LEAs regarding student medical exemption requests. 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. To be considered a valid document for exemption, the form must include **a signed statement from the student's treating physician or psychiatrist**. 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 eligible for a medical exemption.

Submit this completed and verified form to OSSE by the LEA via the OSSE Support Tool document upload tool.



Statewide Assessment Medical Emergency Exemption Form

Please complete the table below:

Section 1. Student information	
LEA name or code:	School name or code:
Student name:	Student USI:
Student grade:	DC statewide assessment(s): <input type="checkbox"/> PARCC ELA/Literacy <input type="checkbox"/> MSAA ELA <input type="checkbox"/> Alt. ACCESS for ELLs 2.0 <input type="checkbox"/> PARCC Mathematics <input type="checkbox"/> MSAA Mathematics <input type="checkbox"/> ACCESS for ELLs 2.0
Section 2. Explanation of absence (to be completed and signed by the student's parent or legal guardian)	
Date of injury/illness:	Description of injury/illness:
Parent signature:	Date of signature:
Section 3. Physician/Psychiatrist diagnosis (to be completed and signed by a licensed physician or psychiatrist)	
Physician/psychiatrist name:	Practice name:
Address (street, city, state, zip)	
Primary diagnosis:	Date(s) student is excused from assessment:
Physician's/Psychiatrist 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.	
Physician/Psychiatrist signature:	Date of signature:
Section 4. School and LEA verification	
Test integrity coordinator and test monitor must verify the completeness and accuracy of this form prior to submission to OSSE. The original copy of this completed form must be kept on file at the schools site.	
Test monitor name:	
Test monitor signature:	Date:
Test coordinator name:	
Test coordinator signature:	Date:
OSSE Staff Signature:	Date: