Non-Participation Due to Significant Medical Emergency Form

(Due in OSA on June 1, 2019, no electronic submission allowed)

District: __________________________________________ District Code: ____________

School: _______________________________________________ School Code: __________

Student’s Name: _______________________________________ Grade: _______________

Student’s MSIS I.D. Number: ____________________________ Date of Birth: ____________

Parent’s / Legal Guardian’s Signature: ______________________ Date: _______________

TEST(S)/SUBJECT AREA(S): Please check the appropriate box and then write the administration date(s) on the line next to the test(s) for which this request is submitted. Also, attach the school level testing calendar.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Date</th>
<th>Assessment Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MKAS2 K-Readiness</td>
<td></td>
<td>MAAP Science (Grades 5 &amp; 8)</td>
<td></td>
</tr>
<tr>
<td>MKAS2 3rd Grade Reading</td>
<td></td>
<td>MAAP (Grades 3-8) ELA</td>
<td></td>
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<tr>
<td>MAAP Algebra I</td>
<td></td>
<td>MAAP (Grades 3-8) Math</td>
<td></td>
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<tr>
<td>MAAP English II</td>
<td></td>
<td>MAAP-A ELA</td>
<td></td>
</tr>
<tr>
<td>MAAP Biology I</td>
<td></td>
<td>MAAP-A Math</td>
<td></td>
</tr>
<tr>
<td>MAAP U.S. History</td>
<td></td>
<td>MAAP-A Science</td>
<td></td>
</tr>
<tr>
<td>Other (Specify Name and Date)</td>
<td>***Federal Regulations prohibits ELPT from this process.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN (ALL BLANKS MUST BE COMPLETED)

Physician’s Name (MD or DO): ____________________________________________________________

Physician’s License Number (MD or DO): ________________________ Licensing State: ______________

Hospital/Doctor office/ or Health Care Facility Name: __________________________________________

Address: ______________________________________ Business Number: _______________________

City: __________________________________ State: ______________ Zip Code: _____________________

Primary diagnosis of the medical emergency (actual name, not code): ________________________________

Date the emergency occurred? __________________ Specify the nature of the emergency that prevented the student from testing? __________________

Physician’s Statement: I hereby confirm that the absence of (name of student) __________________________

is physician-advised due to a medical emergency such as a serious car accident, hospitalization, severe trauma, mental health crisis that was dangerous to self or others, or placement in hospice care. Note: Farther guidance can be found on the next page.

My signature certifies that I have examined the student named herein, and I certify that the student is unable to participate in testing due to the above specified medical emergency during the following dates (starting and ending): ________________________________

Physician’s Signature (Sign in blue ink): __________________________________________ Date: ____________

DISTRICT SUPERINTENDENT: My signature below certifies that (1) this form is complete and the information is correct, (2) a copy is on file in the district office, and (3) the test administration window for the marked assessment(s) has closed.

District Superintendent’s Signature: __________________________________________ Date: ______________

Revised 2019
Non-Participation Due to Significant Medical Emergency Form

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Under the Education Secondary Education Act (ESSA), the U.S. Department of Education has adopted a policy that allows students who are unable to participate in state assessments due to a significant medical emergency to be excluded from participation rate calculations.

In rare instances, a student may be unable to participate in any part of the assessment due to a significant and documented medical or mental emergency. Examples of significant medical emergency includes a serious car accident, hospitalization, severe trauma, mental health crisis that is dangerous to self or others, or placement in hospice care. All medically fragile students are expected to participate in the statewide assessment unless a significant and documented medical emergency exists in addition to medical fragility.

Criteria for a Significant Medical Emergency: For a student to qualify for the Significant Medical Emergency exemption from the participation rate calculation, all the following must be true:

- The situation was rare and unique in that the student was unable, for medical reason, to participate in any part of the assessment.
- The significant medical emergency was due to a medical condition such as a serious car accident, hospitalization, severe trauma, mental health crisis that was dangerous to self or others, or placement in hospice care.
- The student was unable, due to the significant medical emergency, to receive academic instruction during the testing period.

The medical emergency must be documented by the student’s licensed physician on the Non-Participation Due to a Significant Medical Emergency Form. (Due to HIPPA, the parent may need to assist in obtaining this documentation.) The signature of the parent/legal guardian is required for submission.

(Due in OSA on June 1, 2019, no electronic submission allowed)

Mail the complete, original form to:

Mississippi Department of Education
Office of Student Assessment
Attention: M. Pleshette Smith
359 N. West Street, Suite 216
Jackson, Mississippi 39201

Revised 2019