

Non-Participation Due to Significant Medical Emergency Form

(Due in OSA on May 31st of each academic year, 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.

Assessment Type	Date	Assessment Type	Date
MKAS2 K-Readiness		MAAP Science (Grades 5 & 8)	
MKAS2 3 rd Grade Reading		MAAP (Grades 3-8) ELA	
MAAP Algebra I		MAAP (Grades 3-8) Math	
MAAP English II		MAAP-A ELA	
MAAP Biology I		MAAP-A Math	
MAAP U.S. History		MAAP-A Science	
Other (Specify Name and Date)		***Federal Regulations prohibits ELPT from this process.	

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 back.**

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: _____

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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.**

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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