**Request for Medical Exemption from Statewide Testing**

South Dakota uses the flexibility provided by USDOE regarding students unable to be tested due to a significant medical emergency. Districts can request a waiver for a student from taking the statewide assessment if the student suffers a significant medical emergency or condition beyond the control of the student, the student’s parents, and the school, and the circumstance is such that no other recourse or remedy exists to address the circumstance during the testing window.

All students, including students with disabilities and English learners, are expected to take part in the statewide assessment program in one of the following ways:

* participate in the English language proficiency assessment until proficient;
* participate in the general statewide assessments without accommodations;
* participate in the general statewide assessments with accommodations; or
* participate in the alternate assessments, available only for students with an IEP who meet the significant cognitive disability criteria.

Students with very serious, chronic, and fragile medical conditions can and do participate successfully in statewide assessment. However, there are rare and unique situations in which a student is unable to participate in any part of statewide assessment **due to a serious and fully incapacitating medical emergency or an emotional trauma of similar severity and incapacitating nature (see below).** Such decisions must be made with the greatest care and restraint. Every student has the right to participate in the statewide assessment in order to show what he or she knows and is able to do as compared with state curriculum standards**.**

## Rule of Thumb

If the student can receive instruction the student should participate in the statewide assessment.

**Medical Emergency:**

In rare instances, a student may be unable to participate in any part of the assessment *due to a significant and documented and fully incapacitating medical emergency that extends through the end of each testing window*. Examples of significant medical emergency include: a serious car accident, hospitalization, severe emotional trauma, or placement in hospice care.

**Medical** **emergencies of this kind must be identified and verified in writing by a licensed physician and kept on file by the local district.**

*To* *qualify for state-approved special consideration, the incident or condition must be so severe as to prevent the student from participating in instruction offered either at school, hospital, or at home through the end of each testing window.*

# Conditions that do not qualify for exemption:

* *Medical Fragility* **–** medically fragile students are expected to participate in statewide assessment unless a significant and documented medical emergency exists *in addition to medical fragility*
* District-provided home-based educational programs (student remains enrolled in district)
* Pregnancy
* Students with acute, short-term minor illnesses or injuries
* Students placed in correctional facilities
* Student or Parent refusal to test
* Mental health conditions that permit students to receive instruction

# Submitting requests:

* The requests **must** be based on a decision made by an educational team that includes the student’s teachers, special education staff as appropriate, school counselor, principal, parent or legal guardian, and, if possible, the student. This team must collect/review information and document the decision.
* Documentation including the medical information, attendance details, and other documents supporting the decision must be provided along with the **Request for Medical Exemption** form. Failure to provide supporting documentation will result in a denial of the exemption.
* The principal must obtain the parent’s consent and complete the **Request for Medical Exemption**. In addition, the superintendent must sign the request before submission.
* Requests are due **one week** after the last day of the testing window for each assessment. **Any documents submitted prior to the end of a test window will be returned to the district.**
* All required documents, information, and signatures must be included for committee consideration.
* **A separate request** must be submitted for **each test** that an exemption is needed.
* **Requests submitted after the deadline will be denied, regardless of the veracity of the request.**

**Due Dates for Request for Medical Exemption:**

* SD-ELP Assessment and SD-ELP Alt Assessment (ACCESS): **March 08, 2025**

**Send by email to:**

Shari Lord: [Shari.lord@state.sd.us](mailto:Shari.lord@state.sd.us)

# Approved Requests:

Districts will be informed of the status of the request three weeks after the last day of the testing window. Students whose requests were approved will be removed from the calculation for participation on the assessment and school SPI for the year in which the request was approved. The approved request is only valid for the assessment and year in which application was made.

## District Request for Medical Exemption and Supporting Documentation

|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** (first and last name) |  | **SIMS:** |  |
| **Grade:** |  |

**School Contact Information**

Contact Name: Position:

Contact Phone: Email:

District Name:

School Name:

Please **indicate** the assessment for which the school is requesting an exemption:

**\_\_SD-ELP \_\_ SD-ELP Alt**

|  |  |
| --- | --- |
| Type of waiver and required documentation: | Select () |
| **A serious or sudden illness** that prevents the student from taking the statewide assessment. **Required documentation:** *1.Affidavit or certification from the student’s treating, licensed medical professional. 2. Other documentation such as attendance reports or other information indicating the student is not able to participate in instruction during the specific test window(s).* |  |
| **A serious physical injury** that prevents the student from taking the assessment.  **Required documentation:**  *1.Affidavit or certification from the student’s treating, licensed medical professional. 2. Other documentation such as attendance reports or other information indicating the student is not receiving instruction or that there was no way to accommodate the student’s injury.* |  |
| **Death of the student’s parent** if the death occurred within the testing window. The parent must be a biological parent or legal guardian only.  **Required documentation:** *Provide documentation indicating the date of the death and that the parent was the natural parent or legal guardian*. |  |

1. How does this emergency prevent the child from participating in statewide assessment through the end of the testing window?
2. Has there been a previous medical exemption filed for the student?

***I certify that the information contained within this notification is complete and accurate.***

## Superintendent’s Full Name (*please print*) Superintendent’s Signature

## Date / /

*Upon receipt of this information, SD DOE will provide an email notification to the contacting school of the status of the requested medical exemption.*