

Medical Excuse Documentation Form

There are times when a student cannot participate in instruction or assessments due to a significant medical or mental health emergency. For statewide assessment purposes, a medical emergency differs from an ongoing medical condition as follows:

- A *medical emergency* is defined as a short-term circumstance that directly interferes with a student's ability to participate in instruction, including assessments, where no alternate arrangements can be made and no appropriate supports or accommodations can be provided.
- An *ongoing medical condition*, unlike a medical emergency, is a situation in which the school and/or district is providing instruction and the student is participating in instruction and assessments with the supports or accommodations for which the student may be eligible.

The top of the form is to be completed by a licensed medical professional who is operating under the scope of their license. The bottom of the form is completed by the district.

Note: This information must be retained by the school district for two years after the end of the academic school year in which testing took place, is considered an educational record under the Family Educational Rights and Privacy Act (FERPA) (45 C.F.R. 160.103 (2)(i)(ii); 20 U.S.C. § 1232g; 34 C.F.R. Part 99) and is considered private data per federal and state law. The Minnesota Department of Education may review this document to ensure requirements are met.

Completed by Medical Professional

1. Student name _____

2. What is the medical emergency?

3. When did this medical emergency start? _____

4. How long do you anticipate this medical emergency will last? _____

5. In your professional view, how does this medical emergency impact the student's ability to participate in daily instruction?

6. In your professional view, how does this medical emergency impact the student's ability to participate in required standardized assessments? For example, are there any considerations or concerns if the student is taking assessments online or paper?

Name of Clinic or Practice

Printed Name

License Number

Signature

Date

Completed by District

Has the district reviewed the situation to determine if available supports and/or remedies would allow the student to participate in statewide assessments in a similar manner to how instruction is being delivered?

Yes No I do not know

Based on this documentation, does the student meet the criteria for a medical excuse from statewide assessments according to the *Procedures Manual*?

Yes No

District Assessment Coordinator Signature

Date

Name (printed)