



Verification of a Student Need for a Significant Medical Emergency Exemption

Submit this form only if one of the following apply:

- Exemption due to chronic absenteeism for medical reasons - requires a health provider's note excusing school attendance for 11 or more consecutive instructional days
- *Exemption due to doctor's orders - requires doctor's orders not to test through at least the majority of a test window (Smarter Balanced, HSA Science(NGSS), HSA-Alt, Biology 1 EOC Exam (NGSS), The ACT, KĀ'EO, ACCESS for ELLs).
* Exemptions from Smarter Balanced, HSA-Alt, or KĀ'EO, effectively removes a student from Strive HI entirely.

Date: _____

Student Name: _____ 10-digit Student ID: _____ Grade Level: _____

School Name: _____ School Code: _____

School Street Address (Street, City, Zip Code – No P.O. Box): _____

School Contact Person Name: _____

School Contact Person Telephone Number: _____

School Contact Person E-mail: _____

Indicate assessment(s) for which the significant medical emergency exemption is being requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Smarter Balanced ELA/Literacy | <input type="checkbox"/> Smarter Balanced Mathematics | <input type="checkbox"/> KĀ'EO |
| <input type="checkbox"/> HSA Science (NGSS) | <input type="checkbox"/> Biology 1 EOC (NGSS) | <input type="checkbox"/> ACCESS for ELLs |
| <input type="checkbox"/> HSA-Alt ELA | <input type="checkbox"/> HSA-Alt Mathematics | <input type="checkbox"/> HSA-Alt Science (NGSS)
(grade 5, 8 or 11) |

Significant Medical Emergency Required Evidence

A healthcare provider (MD, OD, licensed psychologist, other provider) must write a note that includes the following information:

1. Student's Name.
2. General nature of the medical/psychiatric emergency.
3. Duration of the medical/psychiatric emergency for which absence from school and/or exemption from testing is ordered (must encompass the majority of the testing window for applicable assessment(s)).
4. Explanation stating that the student is excused from school and/or should not to be tested.
5. Provider's signature and date signed.

In the event that the healthcare provider is reluctant to provide a note indicating that the student should not be tested prior to the end of a testing window, submit this form with the provider's note after the testing window closes.

Assessment Section Use Only

Verified: Y or N
Name and Date:

Fax the completed form and doctor's note to the Assessment Section at (808)733-4483.
The school Test Coordinator should retain the original form for documentation purposes.