

Request for Special Considerations/Exceptions for Statewide Testing

South Dakota's Accountability Workbook allows a student to request a waiver 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. An exemption will also be allowed for students moving in from out of state after the DSTEP-A window whose Individualized Education Program (IEP) from the previous state indicated alternate assessment for statewide assessment.

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

- participate in the general statewide assessment without accommodations;
- participate in the general statewide assessment with accommodations; or
- participate in the alternate assessment, 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**. Such decisions must be made with the greatest care and restraint. Every student has the right to participate in statewide assessment in order to show what he or she knows and is able to do as compared to state curriculum standards.

Rule of Thumb

- 🕒 If the student can receive instruction; the student can participate in 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*. 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. *In order 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 or at home.*

Conditions that do not qualify for exemption:

- ✘ *Medical Fragility* – All —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:

Requests must be submitted one week after the last day of the testing window for DSTEP, DSTEP-A, ACCESS, Write to Learn, or Writing Alternate assessment respectively. These 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 will collect/review information and document the decision. The principal will then obtain the parent's consent and complete the Request for Special Consideration. This request affidavit must be sent to the South Dakota Department of Education no later than one week after the last day of the testing window for the applicable assessment. Send by mail, fax or email to:

Jan Martin
800 Governors Drive
Pierre, SD 57501
605-773-3782 (fax)
Jan.Martin@state.sd.us
605-773-3246(desk)
605-295-2280 (cell)

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 district AYP status 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.

Request for Special Considerations/Exceptions

Form 1: District Request and Assurances

Student: (first and last name)		SIMS:	
		Grade:	

School Contact Information

Contact Name: _____ Position: _____
 Contact Phone: _____ Email: _____
 District Name: _____
 School Name: _____

Which assessment is the school requesting an exemption? **DSTEP; DSTEP-A; ACCESS; WriteToLearn; Writing Alternate; Smarter Balanced;**

Type of waiver and required documentation:	Select (✓)
A serious or sudden illness that prevents the student from taking the statewide assessment. Required documentation: <i>Affidavit or certification from the student's treating, licensed medical professional.</i>	<input type="checkbox"/>
A serious physical injury that prevents the student from taking the assessment. Required documentation: <i>Affidavit or certification from the student's treating, licensed medical professional.</i>	<input type="checkbox"/>
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: <i>Provide documentation indicating the date of the death and that the parent was the natural parent or legal guardian.</i>	<input type="checkbox"/>
A student moved in from another state after the STEP-A testing window, whose IEP from the previous state indicates alternate assessment for statewide assessment. Required documentation: <i>Copy of request for transfer of records indicating date of enrollment and copy of previous state IEP.</i>	<input type="checkbox"/>

How does this emergency prevent the child from participating in statewide assessment?

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

_____/_____/_____
Superintendent's Full Name (please print) **Superintendent's Signature**

Upon receipt of this information, SD DOE will provide written notification to the contacting school of the status of the requested medical exemption and request any additional information that may be needed for consideration of approval.