



NH Statewide Assessment State Approved Special Considerations School Year 2014-2015

These forms apply to all seeking Special Consideration for any NH Statewide Assessment (NH Alternate Assessment (DLM), Smarter Balanced Assessment (SBAC) and NECAP Science Assessment).

All NH students are expected to participate in the statewide academic 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 NH alternate assessment

State assessment policies place a great deal of responsibility on districts to include all students. Districts must juggle state requirements, student needs, and parents' wishes. Despite a district's best efforts, situations will arise that prohibit the inclusion of every student. Extended absence, family vacations, significant medical and emotional issues, and parent refusals are but a few of the issues that are not entirely within the district's control. Students who do not participate are reported in two different ways on assessment reports: did not participate for state approved reasons and did not participate for other reasons. The distinction is particularly important in reading and mathematics accountability reporting since the second case negatively affects reported participation rates, while the first does not.

The State approved reasons, called State Approved Special Considerations (SASC), fall within five broad areas for students participating in NH assessments:

- Medical Emergency or Serious Illness
- Severe Emotional Distress
- Death in the Family
- Student enrollment after the start of NH alternate assessment
- Student participation in another state's assessment system

SASC Procedure

SASC requests are made for the NH alternate assessments, SBAC and NECAP Science in the spring. Three of the five SASCs (SASC-1, SASC-2, and SASC-3) are based on significant medical or emotional disruptions to the student's life. In these three cases, the request is based on a decision made by an educational team that includes the student's teachers, school counselor, principal, parents or legal guardian, medical or mental health professional, and, if possible, the student.

The other two SASCs (SASC-4 and SASC-5) are administrative in nature and thus the request must be by district personnel.

Who does what?

- **The Educational Team** gathers information, consults with appropriate people, documents the team discussion and offers a final recommendation **in writing** regarding whether to request a SASC or not. Documentation must include the basis for this recommendation.
- **The Educational Team** sends the documented recommendation to the district Superintendent for final review and action.
- **The District Superintendent** reviews the team recommendation, makes a final decision based on the documented information, then completes, signs, and forwards the appropriate *District Assurances* together with the student information form to the designated staff at the NH Department of Education.
- **The Designated staff** reviews the submitted *District Assurances Form*, and when needed, contacts the principal or the office of the Superintendent for clarification or other action.
- **The Department** issues a written decision to the district Superintendent (copied to the principal) for each request for a SASC.

Note: The decision to assess or not assess a student should not depend on the outcome of the request to the NH DOE. If a student can be assessed, he or she should be assessed. The result of an approved exemption is applied to assessment and accountability reporting.

Request for State Approved Special Considerations 2014-2015 is available online at:

http://www.education.nh.gov/instruction/assessment/alt_assess/part.htm

or

<http://www.education.nh.gov/instruction/assessment/necap/admin/index.htm>

When are Forms SASC-1, SASC-2, and SASC-3 due to the NH Department of Education?

- NH Alternate Assessment and NECAP Science:
Must be submitted by May 30, 2015 for the spring 2015 assessment testing
- Smarter Balanced Assessment (SBAC): Must be submitted by June 15, 2015

When are forms SASC-4 and SASC-5 due to the NH Department of Education?

- SASC-4.A that is related to participation in Spring 2015 NECAP Science Alternate Assessment must be submitted no later than March 31, 2015.
- SASC-4.B that is related to participation in Spring 2015 DLM must be submitted no later than May 15, 2015.
- SASC-5 Participating in another state's assessment program.
 - NH Alternate Assessment and NECAP Science:
 - Must be submitted by June 15, 2015 for the spring 2015 NH Alternate Assessment, SBAC and NECAP Science.

Fax (*do not email*) completed SASC forms to:

Dr. Scott Mantie

FAX NUMBER: 603-271-0053

What FORMS are needed for each SASC Request?

SASC Request	SASC 1 1.A Medical Emergency 1.B PIND 1.C 50% Absent	SASC 2 Severe Emotional Trauma	SASC 3 Death in the Family	SASC 4 (A-B) Enrollment after March 1, 2015 Enrollment after March 31, 2015	SASC 5 Participation in Another State's Assessment System
FORM 1 Student Information (two pages)	FAX to NHDOE 271-0053	FAX to NHDOE 271-0053	FAX to NHDOE 271-0053	FAX to NHDOE 271-0053	FAX to NHDOE 271-0053
FORM 2 <i>Parent Consent Signature</i>	X Complete but do not submit to NH DOE				
FORM 3 District Assurances for SASC-1	FAX to NHDOE 271-0053 (see specific sections)				
FORM 4 <i>Treating Physician</i>	X Complete but do not submit to NH DOE				
FORM 5 District Assurances for SASC-2		FAX to NHDOE 271-0053			
FORM 6 <i>Treating Mental Health Worker</i>		X Complete but do not submit to NH DOE			
FORM 7 District Assurances for SASC-3			FAX to NHDOE 271-0053		
FORM 8 District Assurances for SASC-4				FAX to NHDOE 271-0053 (see specific sections)	
FORM 9 District Assurances for SASC-5					FAX to NHDOE 271-0053



State Approved Special Considerations

FORM 1: STUDENT INFORMATION FORM* (two pages to FORM 1)

**(FORM 1 must be submitted with all requests to NH DoE)*

(Must be submitted with SASC 1, SASC 2, SASC 3, SASC 4 and SASC 5 Requests)

Request Date:							
Student First Name (Only):							
SASID:							
Date of Birth (MM/DD/YYYY):							
SASC Request: <i>(circle one type)</i>	SASC 1.A	SASC 1.B	SASC 1.C	SASC 2	SASC 3	SASC 4.A	SASC 5
						SASC 4.B	
Description	Medical Emergency or Serious Illness	<i>NH Alternate Assessment</i> Progressive Intellectual and Neurological Deterioration (PIND)	<i>NH Alternate Assessment</i> Participating Student Absent January 15 thru March 15 - more than 50% of Instructional Time Normally Allocated for this Student in Daily Classroom- due to Verified Severe Medical/ Health Issues Beyond Medical Fragility	Severe Emotional Trauma	Death in the Family	<i>NH Alternate Assessment</i> 4.A Enrollment after March 1, 2015 4.B Enrollment after March 31, 2015	Participation in Another State's Assessment System

Grade and Subject(s) to be impacted by this Request:

(Only for SASC 4.A)

Please indicate student's grade level at time of impacted assessment participation.

Spring '15 NH Alternate Assessment												
			3	4	5	6	7	8			11	

Please indicate student's grade level and subject(s) at time of impacted assessment participation.

Spring '15 NH Alternate Assessment, SBAC & NECAP Science Students in Grade	Reading	Math	Science
3			
4			
5			
6			
7			
8			
10			
11			

School and SAU Contact Information:

School of Enrollment:	
Responsible/Sending District:	
SAU Number:	
Name of School Principal:	
Phone Number for Principal:	
Email for Principal:	
Name of Superintendent:	
Email for Superintendent:	



State Approved Special Considerations

FORM 2: PARENT CONSENT SIGNATURE FORM
(Do not submit to NH DoE. Retain with student record.)

I have consulted with the school district, and agree with this request to exempt my child from statewide assessment. I understand that this means I will have no statewide assessment data for my child for the year of instruction being assessed.

1. Student's name:

2. In the chart below, please mark the student grade during the assessment.

Please indicate the grade the student is in during the assessment and for which subject(s) the SASC is being requested.			
Spring '15 NH Alternate Assessment, SBAC & NECAP Science Student in Grade	Reading	Math	Science
3			
4			
5			
6			
7			
8			
10			
11			

By signing this request,

I do or do not (circle one) give the district permission to seek an exemption for my child from statewide assessment for medical or other extraordinary reasons.

I do or do not (circle one) give permission for the district to discuss the request if necessary with the Director of Statewide Assessment.

Parent Name (Please print)

Parent Signature

____/____/____
Date

SASC-1: Medical Emergency/Serious Illness, PIND, or NH Alternate Assessment Absentee Window

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. 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.

Special education law requires that each student who receives special education services must have a written IEP that documents how this student will participate in statewide assessment. If a student's IEP team seeks a medical exemption, this team decision must also be documented in the IEP.

THREE QUALIFYING CASES:

SASC 1A: Basic Medical Emergency or Serious Illness:

In rare instances, a student may be unable to complete or participate in any part of the assessment *due to a documented significant and fully incapacitating medical emergency*. Examples of significant medical emergency include: a serious car accident, hospitalization, 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*. (Students with broken arms can usually participate with accommodations.)

SASC 1B: Progressive Intellectual and Neurological Deterioration (PIND) (Formal "PIND" Diagnosis)

This covers an acute and immediate form of the medical condition known as "**Progressive Intellectual and Neurological Deterioration**" (PIND). This is a condition to be specifically identified by the treating physician. Specific documentation will be required to qualify for this exemption. It means that the student cannot be expected to benefit by showing any growth as a result of instruction within *this* school year, and that this neurologic deterioration is *expected to continue for the foreseeable future* in the life of this student. The deterioration must be occurring now, must be substantial, and must impact cognitive/intellectual functions. Medical or physical deterioration confined solely to muscular or other non-cognitive forms of decline will not qualify. The consequences of this exemption are extreme. The educational implications are that we stop expecting any academic growth from this child. ***This exemption must be considered with profound caution and used only as an absolute last resort.*** When used properly and with deep deliberation, it is the right thing to do for a few students. Approval duration will be one school year.

SASC 1C: NH ALTERNATE ASSESSMENT Absentee Window

If a student participating in the NH Alternate Assessment has a documented medical condition that causes such severe disruption to instruction between January 15th thru March 15, 2015 of the NH Alternate Assessment window, then that student may be eligible for this exemption.

Approval of a SASC 1C request requires that:

1. The school must identify the number of planned instructional hours for this specific student between January 15th thru March 16, 2015 of the school year, and
2. The school must document that the student has missed more than 50% of the instructional hours planned for this specific student during this time period, and
3. The school must have documentation that these instructional absences were all caused by a serious or acute medical condition, and not by chronic medical fragility.

Conditions that *do not* qualify for any medical 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

Who can sign the Treating Physician Form?

The Treating Physician Form may be signed by a licensed medical professional who is not under contract with the district nor related to the student. The licensed medical professional should have the qualifications necessary to render an informed judgment about how the child's medical condition affects schooling.

Note: Make up assessment - Content area assessments (NH Alternate Assessment) that cannot be made up may (based on cause) qualify for medical exemption, but in most cases, missed assessment sessions can be made up. For example, sometimes a medical exemption might be granted for mathematics but not for reading. Typical brief acute illness is not cause for such an exemption.

When are Forms for SASC-1 due to the NH Department of Education?

- NH Alternate Assessment:
 - Must be submitted by March 31, for the spring 2015 NH Alternate Assessment (DLM)
 - Must be submitted by March 1, for the spring NECAP Alt. Science

What Forms must be submitted for SASC-1?

FAX to NH DOE:

- **Form 1 (Student Information Form)**, retain original with student records
- **Form 3 (District Assurances for SASC 1)**, retain original with student records
- Complete Form 2 (Parent) – Retain original with student records, **do not send** to the NH DoE
- Complete Form 4 (Physician) – Retain original with student records, **do not send** to the NH DoE



Request for SASC-1 Exemption due to Medical Emergency/Serious Illness /PIND/NH Alternate Assessment Absentee Window

FORM 3: DISTRICT ASSURANCES FOR SASC 1
(Must be submitted with Request to NH DoE)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reasons of medical emergency or death in the family. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

SASC 1.A for Medical Emergency or Serious Illness – Complete A1 – A8

SASC 1.B for Progressive Intellectual and Neurological Deterioration (PIND) - Complete A1-A8 and B1-B3

SASC 1.C for NH Alternate Assessment Absentee Window Complete A1-A8 and C1-C3

Assurances by District Regarding Basic Medical Emergency	Yes	No	If no, then add comment(s):
A1. Was the student consulted prior to the submission of this request?			
A2. Does the student agree with this request?			
A3. Were the parents/guardian consulted prior to the submission of this request?			
A4. Have the Parents/guardian signed an agreement to this request? (Form 2)			
A5. Have the parents/guardian signed consent for district staff to share relevant information about this request with the Director of Assessment at the NH Department of Education? (Form 2)			
A6. Is there a serious medical or related qualifying issue that prevents this student from receiving instruction during the remaining assessment window?			
A7. Has a treating physician certified that this student cannot participate in instruction , even with accommodations, during the remaining assessment window? (Form 4)			IF NO, student does not qualify under the SASC 1.A, but may qualify under SASC 1.B or SASC 1.C
A8. Has a treating physician certified that this student cannot participate in assessment , even with accommodations, during the remaining assessment window? (Form 4)			

.....District Assurances Form continues to next page.

<u>If SASC 1.B:</u> Also Provide the Following Assurances:	Yes	No	If no, then add comment(s):
B1. Has a treating physician certified that this student suffers from Progressive Intellectual and Neurological Deterioration?			
B2. Has a treating physician certified that the student cannot be expected to benefit by showing any growth as a result of instruction within <u>this</u> school year AND that this neurologic deterioration is expected to continue for the foreseeable future in the life of this student?			
B3. Is the deterioration occurring now AND does it substantially impact the student's cognitive/intellectual functions?			
<u>If SASC 1.C:</u> Also provide the Following Assurances:	Yes	No	comment(s):
C1: Has the school identified the number of planned instructional hours for this specific student from January 15 thru March 16, 2015 of the school year? <i>(include school calendar showing days school was in session)</i>	How many planned hours?		
C2. Has the school documented that the student has missed more than 50% of the instructional hours planned for this specific student during this time period?	Give % Planned Hrs. Missed		
C3. Does the school have documentation that these instructional absences were all caused by a serious or acute medical condition, and not by chronic medical fragility?			

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

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Name – Signature

 / /
Date

End of District Assurances Form for SASC 1



Request for SASC-1 Exemption due to Medical Emergency/Serious Illness/PIND/NH Alternate Assessment Absentee

FORM 4: TREATING PHYSICIAN FORM
(Do not submit to the NH DoE, retain with student records)

PRIOR TO COMPLETION: PHYSICIAN MUST READ PAGES 7 & 8 OF THIS DOCUMENT

As the treating physician, you are in a position to advise the parents and educational team regarding a request for medical emergency exemption from statewide assessment for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the public district to review in a timely manner all requests for Medical Exemption that would permit any student to be exempted from statewide assessment for reasons of medical emergency. The criteria below include the minimum conditions that must be addressed in order for the State Department of Education to grant a student a special consideration exemption from statewide assessment.

1. Student Name:

Treating Physician's Assurances to be Documented by School District for the NH State Department of Education: Before responding, please read pages 7 & 8 to inform your answers:	Treating Physician Please Mark Response and Initial		
	Yes	No	Initials
A1. Is there a medical emergency or serious illness that prevents this student from receiving instruction during the remaining assessment window? Note: Generally, if the student is able to receive instruction during this time, then the student may also participate in assessment.			
A2. I certify that this student cannot participate in instruction , even with accommodations, during the remaining assessment window.			
A3. I certify that this student cannot participate in assessment , even with accommodations, during the remaining assessment window.			

If SASC 1.B: Also Provide the Following Assurances:	Yes	No	If no, add comment(s):
B1. As treating physician, I have documented in the medical record that this student suffers from Progressive Intellectual and Neurological Deterioration .			
B2. As treating physician, I certify that the student cannot be expected to benefit by showing any growth as a result of instruction within <u>this school year</u> AND that this neurologic deterioration is expected to continue for the foreseeable future in the life of this student.			
B3. As treating physician, I certify that the deterioration is occurring now AND it does substantially impact the student's cognitive/intellectual functions.			
If SASC 1.C: Also Provide the Following Assurances:	Yes	No	If no, add comment(s):
C1: I, as treating physician, certify that I understand that a medical condition involving chronic medical fragility does NOT qualify any student for exemption from statewide academic assessment.			
C2: I, as treating physician, certify that the high proportion of instructional absences for this student between January 15 thru March 15, 2015 were all caused by a serious or acute medical condition, and not by chronic medical fragility.			

Signature of Treating Physician

_____/_____/_____
Date

SASC-2: Severe Emotional Distress

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. 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.

Severe Emotional Distress In rare instances, a student may be unable to complete or participate in any part of the assessment due to documented significant and fully incapacitating emotional trauma that extends across the entire remaining assessment window. Severe Emotional Distress qualifies if it prevents the student from participating in instruction offered either at school or at home. Sometimes, the distress requires a student to be hospitalized in a mental health facility. Severe Emotional Distress of this kind must be identified and verified in writing by a licensed mental health worker and kept on file by the local district.

- Special education law requires that each student who receives special education services must have a written IEP which documents how this student will participate in statewide assessment. If a student's special education team seeks a severe emotional distress exemption, this team decision must also be documented in the IEP.

Conditions that do not qualify for exemption:

- Mental health conditions that permit students to receive instruction
- Students placed in county jails or juvenile correctional facilities (Students whose stress is caused by being placed in county jails or juvenile correctional facilities)
- Student or Parent Refusal
- Pregnancy

Who can sign the Treating Licensed Mental Health Worker Form?

The Treating Licensed Mental Health Worker Form may be signed by a licensed mental health worker who is not under contract with the district nor related to the student. The licensed mental health worker should have the qualifications necessary to render an informed judgment about how the child's mental health condition affects schooling.

Note: Some students who participate in NH Statewide Assessments have emotional or psychiatric conditions and are available to instruction (and assessment) only during parts of the assessment window. In general, try to apply the rule of thumb noted above – if the student has been receiving instruction, the student should be assessed.



Request for SASC-2 Exemption due to Severe Emotional Distress

FORM 5: DISTRICT ASSURANCES FOR SASC-2
(Must be submitted with Request to NH DoE)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reasons of severe emotional distress. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Assurances by District:	Yes	No	If no, then add comment(s):
1. Was the student consulted prior to the submission of this request?			
2. Does the student agree with this request?			
3. Were the parents/guardian consulted prior to the submission of this request?			
4. Have the parents/guardian signed an agreement to this request? (Form 2)			
5. Have the parents/guardian signed consent for district staff to share relevant information about this request with the Director of Assessment at the NH Department of Education? (Form 2)			
6. Is there a mental health issue that prevents this student from receiving instruction during the remaining assessment window? Note: Generally if the student is able to receive instruction during this time, then the student may also participate in assessment. (See also page 12)			
7. Has a treating mental health worker certified that this student cannot participate in instruction , even with accommodations, during the remaining assessment window? (see page 14) (Form 6)			
8. Has a treating mental health worker certified that this student cannot participate in assessment , even with accommodations, during the remaining assessment window? see page 14) (Form 6)			

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

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Name – Signature

Date



Request for SASC-2 Exemption due to Severe Emotional Distress

FORM 6: TREATING MENTAL HEALTH WORKER FORM
(Do not submit to NH DoE, retain with student records)

As the treating Mental Health Worker, you are in a position to advise the parents and educational team regarding a request for medical emergency exemption from statewide assessment for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the public district to review in a timely manner all requests for Medical Exemption that would permit any student to be exempted from statewide assessment for reasons of severe emotional distress. The criteria below include the minimum conditions that must be addressed in order for the State Department of Education to grant a student a special consideration exemption from statewide assessment.

1. Student Name:

Treating Licensed Mental Health Worker's Assurances to be Documented by School District for the NH State Department of Education:	Treating Licensed Mental Health Worker Please Mark Response and Initial		
Before responding, please read page 12 to inform your answers:	Yes	No	Initials
A1. Is there a mental health issue that prevents this student from receiving instruction during the remaining assessment window? Note: Generally, if the student is able to receive instruction during this time, then the student may also participate in assessment.			
A2. I certify that this student cannot participate in instruction , even with accommodations, during the remaining assessment window (see page 14).			
A3. I certify that this student cannot participate in assessment , even with accommodations, during the remaining assessment window (see page 14)			

Signature of Treating Licensed Mental Health Worker

_____/_____/_____
Date

SASC 3: Death in the Family

Each year, some students suffer the loss of a close family member. This is a most difficult time for the student, the student's family, and the student's educational family. Each child responds in a different way and schools should address the student's emotional needs before worrying about participation requirements in statewide assessment. Unlike SASC-1 and SASC-2, the student is probably capable of taking part in statewide assessment, but it may not be appropriate to do so. For some students, exclusion from statewide assessment will be part of what is needed for the school to respond to students' needs. For others, the school will help the student participate in all regularly scheduled school activities – including statewide assessment. School counselors, together with each student's teachers and parents should make the decision carefully. This is one of the times that it will be appropriate to factor the student's wishes into the decision.



Request for SASC-3 Exemption due to a Death in the Family

FORM 7: DISTRICT ASSURANCES FOR SASC-3
(Must be submitted with Request to NH DoE)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reason of death in the family. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Assurances by District:	Yes	No	If no, then add comment(s):
1. Was the student consulted prior to the submission of this request?			
2. Does the student agree with this request?			
3. Were the parent(s)/guardian consulted prior to the submission of this request?			
4. Have the parent(s)/guardian signed an agreement to this request? (Form 2)			
5. Have the parent(s)/guardian signed consent for district staff to share relevant information about this request with the Director of Assessment at the NH Department of Education? (Form 2)			
6. There is agreement amongst school staff – teacher(s), school counselor, and principal that it is not in the best interest of the student to participate in the assessment due to a death in the student's family.			

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

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Name – Signature

 / /
Date

SASC-4: Participation Related to the March 1st Enrollment Guideline

Two Qualifying Cases: (The cases below cover two different time periods during the school year in which a district may apply for a SASC-4)

SASC-4.A: New District enrollment after March 1, 2015.

If a student who qualified for the 2014-2015 NH NECAP Science Alternate Assessment (as indicated in transferred IEP) enrolled in your district after March 1, 2015, please submit a SASC -4.A. If the SASC-4.A is approved, the student will be exempt from statewide assessment based on the 2014-2015 year of instruction.

- This will exempt the receiving district from participation in the 2014-2015 NH Alternate Assessment for the student.
- This will exempt the receiving district from participation in the spring 2014-2015 state assessment for the student.

When are Forms for SASC-4.A Due to the NH Department of Education? March 31, 2015

SASC-4.B: New District enrollment after March 31, 2015.

If a student who qualifies for the 2014-2015 NH DLM Assessment (as indicated in transferred IEP) enrolls in your district after March 31, 2015, please submit a SASC -4.B. If the SASC-4.B is approved, the student will be exempt from statewide assessment based on the 2014-2015 year of instruction.

- This will exempt the district from participation in the 2014-2015 NH DLM Assessment for the student.
- This will exempt the district from participation in all 2014-2015 state assessments for the student.

Note: Participation in the school year 2014-2015 NH DLM Assessment exempts the student from participation in all state assessments also based on 2014-2015 instruction.

When are Forms for SASC-4.B Due to the NH Department of Education? March 31, 2015



Request for SASC-4 Exemption due to Enrollment after March Dates

FORM 8: DISTRICT ASSURANCES FORM FOR SASC-4
(Must be submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reasons of enrolling after the NH Alternate Assessment window closes. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Respond to Case A or Case B as appropriate.

	Assurances by District:	Yes	No	If No, add comment(s):
SASC 4 A: Requesting exemption from statewide assessment based on 2014-2015 year of instruction.	Student enrolled in this district after March 1, 2015			
	Date student enrolled in the district.			
SASC 4 B: Requesting exemption from statewide assessment based on 2014-2015 year of instruction.	Student enrolled in this district after March 31, 2015			
	Date student enrolled in the district.			

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

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Name – Signature

 / /
Date

SASC-5: Student Participation in another State's Alternate Assessment

Students are sometimes placed by their district in another state. NH requires that these students participate in statewide assessment, but does not require that it be NH statewide assessment. For example, we have had students participate in the MCAS and the MCAS-Alternate Assessment at both public and non-public schools in Massachusetts. While we do not have the ability to include MCAS scores in NH assessment and accountability reporting, we can grant the sending district a SASC to ensure that student's non-participation in NH statewide assessment does not negatively impact district accountability reporting. If a district verifies that the student is participating in a state's assessment system, the district may request an exemption.

SASC-5 Participation in another state's alternate assessment

- NH Alternate Assessment: All Content Areas:
Must be submitted by June 15th for spring 2015 NH Alternate Assessment

What Forms must be submitted for SASC-5?

- Form 1 – Fax to NH DoE, retain original with student records
- Form 9 – Fax to NH DoE, retain original with student records



Request for SASC-5 Exemption due to Participation in another state's alternate assessment

FORM 9: DISTRICT ASSURANCES FORM FOR SASC-5
(Must be submitted with Request to NH DoE)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from NH Alternate Assessment. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Name of State where students are placed:			
Name of State Assessment:			
When is, or was, the assessment administered? (month and year)			
The assessment covered material taught at which grade?			
Assurances by District:	Yes	No	Comment if necessary
Is the assessment a grade level assessment based on grade level achievement standards?			
Is the assessment a grade level assessment based on modified achievement standards? (2% assessment)			
Is the assessment an alternate assessment based on alternate achievement standards? (1% assessment)			

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

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Name – Signature

Date