



New Hampshire

Department of Education

Statewide Assessment Exemptions Request for State Approved Special Considerations (SASC) School Year 2018-2019

Each year, students with very serious, chronic, and fragile medical or other conditions can and do participate successfully in New Hampshire's Statewide Assessment System. However, there are rare and unique situations in which a student is unable to participate in any part of the statewide assessment.

Such decisions must be made with the greatest care and restraint. Exemptions for participation in the statewide assessment must be submitted to the New Hampshire Department of Education (NHDOE) for approval.

The following exemptions **may** be considered:

1. Medical emergency/serious illness
2. Severe emotional distress
3. Death in the family
4. Student who participates in another State's assessment system
5. Exemption from the ELA (and writing) portion **ONLY** of the statewide assessment system for ELL students who have been in the country 12 months or less.

GENERAL GUIDELINE: If the student is able to receive instruction than he/she is able to participate in the statewide assessment.

A request for an exemption can be made for any of the statewide assessments by submitting a SASC request to the NHDOE Bureau of Assessment and Accountability for approval.

NHDOE Designated Staff review the submitted request forms, and if necessary, contacts the school principal or superintendent for clarification or other action.

The NHDOE issues a written decision to the Superintendent of Schools (copied to the principal) for each SASC request.

PLEASE SUBMIT REQUEST FORMS BY FAX (DO NOT EMAIL) TO THE NHDOE:

CONFIDENTIAL: SPECIAL CONSIDERATIONS REQUEST

FAX NUMBER: 603-271-8709

All SASC exemption forms must be filed prior to the last day of the assessment window. Please see the New Hampshire Assessment Calendar for specific dates.

Conditions that generally DO NOT qualify for a State-approved exemption:

- Medical Fragility – All medically fragile students are expected to participate in statewide assessments unless a significant and documented medical emergency exists in addition to medical fragility
- District-provided, home-based or out-placement facility-based educational programs
- Students with acute, short-term minor illnesses (e.g., the flu) or injuries
- Students with broken arm(s) (these students can usually participate with accommodations)
- Mental health conditions that permit students to receive instruction
- Students placed in correctional facilities
- Student or parent refusal to test

Severe Emotional Distress

In rare instances, a student may be unable to complete or participate in any part of the statewide 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 professional and kept on file by the school district.

The following forms must be completed and submitted together as an entire document to be considered for approval:

SASC REQUEST	FORMS		
<u>SASC-1</u> Medical Emergency or Serious Illness	<u>FORM 1</u> General Information	<u>FORM 2</u> District Assurances	<u>FORM 3</u> Treating Physician or Mental Health Provider Assurances
<u>SASC-2</u> Severe Emotional Distress	<u>FORM 1</u> General Information	<u>FORM 2</u> District Assurances	<u>FORM 3</u> Treating Physician or Mental Health Provider Assurances
<u>SASC-3</u> Death in Family	<u>FORM 1</u> General Information	<u>FORM 2</u> District Assurances	N/A
<u>SASC-4</u> Participation in Another State’s Assessment	<u>FORM 1</u> General Information	N/A	<u>FORM 4</u> District Assurances Out-of-State Assessment
<u>SASC-5</u> First Year Attending a U.S. School for English Language Learners	<u>FORM 1</u> General Information	<u>FORM 2</u> District Assurances	N/A

State Approved Special Considerations (SASC)

Form 1 – General Information

Date of Request:		
School:		
District:		
Principal Name:		
Principal Contact Information: (please include email address)		
Student's First Name Only:		
Ten-Digit SASID Number:		
Date of Birth (MM/DD/YYYY):		
Grade:		
Name of Assessment:		
Content Area(S) to be Exempted:		
PLEASE CHECK THE SASC BEING REQUESTED:		
	SASC-1	Medical Emergency or Serious Illness
	SASC-2	Severe Emotional Distress
	SASC-3	Death in Family
	SASC-4	Participation in Another State's Assessment System
	SASC-5*	First Year Attending a U.S. School (English Language Learners) *Exemption for ELA/writing only. All students must participate in math and science assessments

Please consult with parent/legal guardian regarding statewide assessment exemption and keep parental consent forms on file in your school or district office.**

**** Please do not send parent/legal guardian consent forms to the NHDOE.**

Parent/Legal Guardian Consent
Keep on File in School or District Office
DO NOT SEND TO NHDOE

Student Name: <i>(please print)</i>	
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I have consulted with the school district and agree with this request to exempt my child from the New Hampshire statewide assessment. I understand that this means I will have no statewide assessment data for my child for the exempted assessment(s). By signing this request, I acknowledge that:

- I **was** or **was not** (circle one) involved in the decision for the district to seek an exemption for my child from the statewide assessment.

By signing this parent consent form:

- I **do** or **do not** (circle one) give the school district **permission to seek an exemption** for my child from the New Hampshire statewide assessment for medical/serious illness or other rare and unique situations.
- I **do** or **do not** (circle one) give **permission for the school district to discuss this request**, if necessary, with designated staff from the New Hampshire Department of Education.

Name of Parent/Guardian: <i>(please print)</i>		
Signature of Parent/Guardian:		Date:

Form 2 – District Assurances

The criteria below include the minimum conditions that must be addressed in order for the New Hampshire Department of Education (NHDOE) to grant a student a special considerations exemption from the statewide assessment.

DISTRICT SUPERINTENDENT ASSURANCES			
	YES	NO	If no, please add comment(s):
Was the student consulted prior to the submission of this SASC request?			
Does the student agree with this request?			
Was the parent(s)/legal guardian(s) consulted prior to the submission of this request?			
Has the parent(s)/legal guardian(s) signed a consent form for this request?			
Has the parent(s)/legal guardian(s) given permission for district personnel to share relevant information about this request with designated staff from the NHDOE?			
Is there a serious medical or related qualifying issue that prevents this student from receiving instruction during the assessment window?			
Is there a mental health issue that prevents this student from receiving instruction during the assessment window?			
Has the treating (and licensed) physician or mental health professional certified that this student cannot participate in instruction, even with accommodations , during the assessment window?			
Has the treating (and licensed) physician or mental health professional certified that this student cannot participate in the statewide assessment, even with accommodations , during the assessment window?			
For ELL Students Only: Has this student been screened and determined to be an ELL student by a certified ESOL teacher?			
For ELL Students Only: Has this student ever been enrolled in a U.S. school before enrolling in your district?			Date of Student Enrollment in your school:

First Name of Student:		Ten-Digit SASID #:
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I certify that the information contained within this request is complete and accurate:

Name of Superintendent:		
Signature of Superintendent:		Date:

Form 3 – Treating Physician OR Mental Health Professional Assurances

Treating Physician Assurances form must be signed by a licensed medical professional who is not under contract with the school 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.

Treating Mental Health Professional Assurances form must be signed by a licensed mental health professional that is not under contract with the school district, nor related to the student. The licensed mental health professional should have the qualifications necessary to render an informed judgment about how the child’s mental health condition affects schooling.

The criteria listed below include the minimum conditions that must be addressed in order for the New Hampshire Department of Education to grant a student an exemption from the New Hampshire statewide assessment.

First Name of Student:	
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	TREATING PHYSICIAN or MENTAL HEALTH PROFESSIONAL: Please mark response and initial		
<i>Please review the guidelines for Statewide Assessment Exemptions to inform your answers:</i>	YES	NO	INITIALS
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 can also participate in the statewide assessment.			
Is there a mental health issue that prevents this student from receiving instruction during the assessment window? Note: Generally, if the student is able to receive instruction during this time, then the student can also participate in the statewide assessment.			
I certify that this student cannot participate in instruction, even with accommodations, during the assessment window.			
I certify that this student cannot participate in the statewide assessment, even with accommodations, during the assessment window.			

Name of Treating Provider:		
Signature of Treating Provider:		Date:

Form 4 – District Assurances for Student Participation in an Out-of-State Assessment

The criteria below include the minimum conditions that must be addressed in order to grant a student a special considerations exemption for participation in another state’s assessment.

Name of State where the school district has placed the student:	
Name of State Assessment :	
When is, or was, the assessment administered? (month and year)	
The assessment covered material taught at which grade ?	

DISTRICT ASSURANCES	YES	NO	If necessary, please add comment
Is the assessment a grade level assessment based on grade level achievement standards?			

First Name of Student:	
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I certify that the information contained within this request is complete and accurate:

Name of Superintendent:	
Signature of Superintendent:	
Date	