



## **New Hampshire Statewide Assessments Request for State Approved Special Considerations (SASC)**

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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. Special Considerations' requests must be submitted to the New Hampshire Department of Education (NHDOE) for approval.

The following special considerations **may** be considered:

1. Medical emergency/serious illness
2. Severe emotional distress
3. Death in the family

**General Guidelines: If the student is able to receive instruction than he/she is able to participate in the statewide assessment.**

A special considerations request may be made for any of the statewide assessments (NH SAS, SAT School Day, DLM Alternate Assessment, ACCESS/Alternate ACCESS for ELLs) by submitting, via email, the applicable forms (see page 2) to the NHDOE Office of Academics and Assessment for approval.

Designated NHDOE staff will review the submitted special considerations form, and if necessary, contact 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 request.

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**Please submit request forms via email to:**

Michelle Gauthier, [Michelle.E.Gauthier@doe.nh.gov](mailto:Michelle.E.Gauthier@doe.nh.gov)

Office of Academics and Assessment

Telephone: 603-271-3582

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All request forms must be submitted to the NHDOE prior to June 17.

**Conditions that generally do not qualify for a state-approved special considerations 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 assessments 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 maintained by the school district.

The following forms must be completed and submitted together for approval:

State-Approved Special Considerations (SASC) Request	Required Forms		
<b><u>SASC-1</u></b> Medical Emergency or Serious Illness	<b><u>Form 1</u></b> General Information	<b><u>Form 2</u></b> District Assurances	<b><u>Form 3</u></b> Treating Physician or Mental Health Provider Assurances
<b><u>SASC-2</u></b> Severe Emotional Distress	<b><u>Form 1</u></b> General Information	<b><u>Form 2</u></b> District Assurances	<b><u>Form 3</u></b> Treating Physician or Mental Health Provider Assurances
<b><u>SASC-3</u></b> Death in Family	<b><u>Form 1</u></b> General Information	<b><u>Form 2</u></b> District Assurances	<b>N/A</b>

Please consult with a student’s parent/legal guardian regarding a special considerations exemption from the statewide assessment. A completed and signed **Parent/Legal Guardian Consent Form** (see page 4) is required for each SASC request above. The original, completed form is to be maintained in the student's permanent cumulative folder. The New Hampshire Department of Education **does not** need the parent/legal guardian consent form.

**Please submit completed forms via email to:**

Michelle Gauthier, Office of Academics and Assessment  
 Email: [Michelle.E.Gauthier@doe.nh.gov](mailto:Michelle.E.Gauthier@doe.nh.gov) ~ Telephone: 271-3582

**Request for State Approved Special Considerations  
Statewide Assessment Exemptions  
Form 1 – General Information**

<b>Current School Year:</b>	<b>Date of Request:</b>
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<b>School:</b>	
<b>District:</b>	
<b>Principal Name:</b>	
<b>Principal Contact Information:</b> (please include email address)	
<b>Student's First Name Only:</b>	
<b>Ten-Digit SASID Number:</b>	
<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Grade:</b>	

**Please check the Statewide Assessment(s) to be exempted:**

	<b>New Hampshire Statewide Assessment System (NH SAS)</b> Grades 3-8: English Language Arts (reading & writing) and Mathematics Grade 5, 8 & 11: Science
	<b>SAT School Day with Essay</b> Grade 11: English Language Arts (reading & writing) and Mathematics
	<b>Dynamic Learning Maps (DLM) Alternate Assessment</b> Grades 3-8 and 11: English Language Arts (reading & writing) and Mathematics Grades 5, 8 & 11: Science
	<b>ACCESS\Alternate ACCESS for ELLS</b> K-12 English Language Proficiency

**If applicable, please check content area(s) to be exempted:**

	English Language Arts (reading & writing)
	Mathematics
	Science

**Please check the special considerations being requested:**

	<b>SASC-1</b>	Medical Emergency or Serious Illness
	<b>SASC-2</b>	Severe Emotional Distress
	<b>SASC-3</b>	Death in Family

**Please consult with parent/legal guardian regarding the statewide assessment exemption and have the parent/legal guardian complete a consent form (see page 4).**

**Request for State Approved Special Considerations (SASC)  
Statewide Assessment Exemptions**

**Parent/Legal Guardian Consent Form**

School Staff: The original, completed consent form is to be maintained in the student's permanent cumulative folder. The New Hampshire Department of Education does not need this form.

<b>Student Name:</b> <i>(please print)</i>	
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**Parent/Legal Guardian:**

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: *(please check one)*

\_\_\_\_\_ I **was** involved in the decision for the district to seek an exemption for my child from the statewide assessment.

\_\_\_\_\_ I **was not** involved in the decision for the district to seek an exemption for my child from the statewide assessment.

**By signing this parent consent form:** *(please check one)*

\_\_\_\_\_ I **do** 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 not** 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.

**And, lastly:** *(please check one)*

\_\_\_\_\_ I **do** give **permission for the school district to discuss this request**, if necessary, with designated staff from the New Hampshire Department of Education.

\_\_\_\_\_ I **do not** give **permission for the school district to discuss this request**, if necessary, with designated staff from the New Hampshire Department of Education.

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

**Request for State Approved Special Considerations (SASC)  
Statewide Assessment Exemptions**

**Form 2 – District Assurances**

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

<b>DISTRICT SUPERINTENDENT ASSURANCES</b>			
	<b>YES</b>	<b>NO</b>	<b>If no, please add comment(s):</b>
Was the <b>student consulted</b> prior to the submission of this SASC request?			
Does the <b>student agree</b> with this request?			
Was the <b>parent(s)/legal guardian(s) consulted</b> prior to the submission of this request?			
Has the <b>parent(s)/legal guardian(s) signed</b> a consent form for this request?			
Has the <b>parent(s)/legal guardian(s) given permission</b> for district personnel to share relevant information about this request with designated staff from the NHDOE?			
Is there a serious medical, mental health or related qualifying 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 <b>cannot participate in instruction, even with accommodations</b> , during the assessment window?			
Has the treating (and licensed) physician or mental health professional certified that this student <b>cannot participate in the statewide assessment, even with accommodations</b> , during the assessment window?			

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

<b>Name of Superintendent:</b>		
<b>Signature of Superintendent:</b>		<b>Date:</b>

**Request for State Approved Special Considerations (SASC)  
Statewide Assessment Exemptions**

**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 academic instruction.

**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 academic instruction.

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.

Student’s First Name Only:
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<i>Please review the guidelines for Statewide Assessment Exemptions (see pages 1 and 2) to inform your answers:</i>	<b>TREATING PHYSICIAN or MENTAL HEALTH PROFESSIONAL: Please mark response and initial</b>		
	YES	NO	INITIALS
Is there a <b>medical emergency or serious illness</b> that prevents this student from receiving instruction during the remaining assessment window?  <b>Note: Generally, if the student is able to receive instruction during this time, then the student can also participate in the statewide assessment.</b>			
Is there a <b>mental health issue</b> that prevents this student from receiving instruction during the assessment window?  <b>Note: Generally, if the student is able to receive instruction during this time, then the student can also participate in the statewide assessment.</b>			
I certify that this student <b>cannot participate in instruction, even with accommodations</b> , during the assessment window.			
I certify that this student <b>cannot participate in the statewide assessment, even with accommodations</b> , during the assessment window.			

<b>Name of Treating Provider:</b>		
<b>Signature of Treating Provider:</b>		<b>Date:</b>