

## Special Considerations Waiver Request

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

Such decisions must be made with the greatest care and restraint. For these unique situations, the school/district completes and submits a waiver request form to the New Hampshire Department of Education (NHED) for approval.

Prior to the waiver request being submitted to the NHED, the school/district consults with the parent/legal guardian regarding the request. The parent/legal guardian must complete the attached consent form.

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

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

A special considerations waiver request may be made for the following statewide assessments:

- New Hampshire Statewide Assessment System (NH SAS)
- Digital SAT with Essay (School Day only)
- Dynamic Learning Maps (DLM) alternate assessment

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### [New Reporting Feature for Submitting Special Considerations Waiver Requests](#)

The school district enters and submits waiver requests, online, through the Assessment Roster in the i4see student information system.

The NHED assessment team will review submitted waiver request forms, and if necessary, contact the school principal or superintendent for clarification, or other action. The NHED will approve requests online through the Assessment Roster in i4see.

**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)
- Student or parent refusal to test (**see parent opt-out form**)

**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:

Waiver Request Forms to Submit to NHED	Types of Exemptions			
	Medical Emergency or Serious Illness	Severe Emotional Distress	Death in Family	Participation in Another State's Assessment
<b>Form 1</b> – General Information	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Form 2</b> – District Assurances	<b>X</b>	<b>X</b>	<b>X</b>	
<b>Form 3</b> – Treating Physician or Mental Health Provider	<b>X</b>	<b>X</b>		
<b>Form 4</b> – District Assurances for Out-of-State Assessment				<b>X</b>

**If you have any questions, please contact the Office of Assessment:**

Email: [Assessment@doe.nh.gov](mailto:Assessment@doe.nh.gov)

Tel: 603-271-3582

## Special Considerations Waiver Request Statewide Assessment Exemption

### Parent/Legal Guardian Consent Form

School Staff: The original, signed consent form is to be maintained in the student's permanent cumulative folder. The New Hampshire Department of Education (NHED) does not need this form. Please do not send this form to the NHED.

<b>Student Name:</b>	
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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**, with designated staff from the New Hampshire Department of Education.

<b>Name of Parent/Legal Guardian:</b>	
<b>Signature of Parent/Legal Guardian:</b>	
<b>Date:</b>	

## Special Considerations Waiver Request Statewide Assessment Exemption

### Form 1 – General Information

<b>Current School Year:</b>	<b>Date of Request:</b>
<b>School:</b>	
<b>District:</b>	
<b>Principal Name:</b>	
<b>Principal Contact Information:</b> (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>	
<b>Please select (X) the Statewide Assessment(s) to be exempted:</b>	
	<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>If applicable, select (X) the content area(s) to be exempted:</b>	
	English Language Arts (reading & writing)
	Mathematics
	Science
<b>Please select the special considerations being requested:</b>	
	<b>SASC-1</b> Medical Emergency or Serious Illness
	<b>SASC-2</b> Severe Emotional Distress
	<b>SASC-3</b> Death in Family
	<b>SASC-4</b> Participation in Other State's Assessment

## Special Considerations Waiver Request Statewide Assessment Exemption

### 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 an exemption from the statewide assessment.

DISTRICT SUPERINTENDENT ASSURANCES			
	YES	NO	If no, please add comment(s):
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 NHED?			
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 <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:	10-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>

### 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 statewide assessment.

Student’s First Name Only:
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Please review these guidelines for Statewide Assessment Exemptions to inform your answers:	TREATING PHYSICIAN or MENTAL HEALTH PROFESSIONAL: Please mark response and initial		
	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.			
Name of Treating Provider:			
Signature of Treating Provider:			Date:

**Special Considerations Waiver Request  
Statewide Assessment Exemption**

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

<b>DISTRICT ASSURANCES</b>	<b>YES</b>	<b>NO</b>	If necessary, please add comments
Is the assessment a grade level assessment based on grade level achievement standards?			

<b>First Name of Student:</b>	
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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>	