

FINAL EXAM EXEMPTION REQUEST DUE TO MEDICAL HARDSHIP

Directions for Schools: The following information details the process for requesting THAT ABSENCES DUE TO MEDICAL HARDSHIP NOT BE COUNTED TOWARD THE MAXIMUM NUMBER OF ABSENCES ALLOWED IN ORDER TO QUALIFY FOR A NON-STATE TESTING EXEMPTION (PER POLICY A/TST) for the current school year. The Medical Hardship request document for parents/guardians is on page 2.

Step I	<ol style="list-style-type: none">1. Consult with the student's family to gather relevant information.2. Complete the Request for Medical Hardship Absences form.3. Attach all relevant documentation as requested. Medical Documentation must include a physician's/medical practitioner's signature and letterhead. (medical, attendance, etc.)4. Obtain parent/guardian signature.5. Obtain the principal's signature.
Step II	The principal will review the documentation to determine the extent at which the medical hardship has contributed to absences that exceed those allowable per policy A/TST and render a decision regarding the exemption.
Step III	The principal communicates the decision directly to the teachers impacted. If families would like to appeal, they would appeal to the appropriate Learning Community Superintendent.

Requests for medical hardship absences may be made at any point in the school year *prior* to the following deadlines:

Tests Occurring in Fall Semester 2023

Situation	Submit By:
Existing conditions or medical situations	January 5, 2024

Tests Occurring in Spring Semester 2024

Situation	Submit By:
Existing conditions or medical situations	May 17, 2024

MEDICAL HARDSHIP ABSENCES REQUEST FORM

Part I: Student Information (PLEASE TYPE)				
Name:		PowerSchool ID:		
School Name:		Grade:		
Part II: Test Information (PLEASE TYPE)				
Test name(s) for which the MEDICAL HARDSHIP ABSENCES ARE being requested.				
Testing Window for which ABSENCES are being requested. <ul style="list-style-type: none"> Fall, spring, year-long 				
School's testing window - Dates				
Part III: Description of Medical Emergency and/or Condition (PLEASE TYPE & Attach Medical Documentation with physician signature and letterhead.)				
Date of the onset of the medical emergency and/or condition.				
Expected duration/recovery period.				
DATE(S) OF ABSENCE(S) FOR MEDICAL HARDSHIP CONSIDERATION <ul style="list-style-type: none"> Must include PowerSchool attendance record. 				
Briefly describe the student's medical condition, CAUSING THE MEDICAL HARDSHIP. <ul style="list-style-type: none"> Substantiating documentation and/or letters (on letterhead) from doctors should be included. Notes from doctors and medical professionals should address and/or explain the impact of the condition on the student's ability to attend school. 				
Description of HOW THESE ABSENCES QUALIFY AS A MEDICAL HARDSHIP. <ul style="list-style-type: none"> Briefly describe how the medical issue/condition impacts daily instruction/classroom participation and QUALIFIES AS A MEDICAL HARDSHIP. This explanation should include sufficient details and documented data (scanned attachments) that provide the principal with a thorough understanding of the implications of the emergency and/or condition on the student's learning. 				
Part IV: Signatures				
TITLE	PRINTED NAME	SIGNATURE	DATE	Approved (Y/N)
Parent/Guardian Consent:				
School Test Coordinator:				
Principal:				