



### 2016 NeSA-Writing ELPA21 EMERGENCY MEDICAL WAIVER

An emergency medical waiver may be granted by the Statewide Assessment Office when a student cannot take the assessment during the testing window due to a significant medical emergency. For example this might include a situation in which a student is recovering from a car accident or an emergency medical situation that prevents the student from being physically capable of taking the test. A statement from a physician is required. These students remain enrolled at the school, although physical circumstances prevent the student's participation in the test. A waiver is not intended for use for a permanent disability or if the student is otherwise receiving education services from the district or other provider.

DISTRICT INFORMATION																																																																																												
District Name	County District Number	Date Submitted																																																																																										
Building Name	Waiver requested by:	Position																																																																																										
Phone:	Email																																																																																											
I attest that this student meets the requirements stated above for a medical waiver.																																																																																												
Signed _____ (Administrator Requesting Waiver) Date _____																																																																																												
STUDENT INFORMATION																																																																																												
First Name		Last Name																																																																																										
NSSRS State ID #		Grade																																																																																										
CHECK THE TEST(S) BELOW FOR WHICH THIS WAIVER IS REQUESTED																																																																																												
<input type="checkbox"/> <b>NeSA-Writing</b> January 18 -- February 5, 2016		<input type="checkbox"/> <b>ELPA21</b> February 8 – March 18, 2016																																																																																										
Cross out the dates below the student was absent during the testing window, or, Check <input type="checkbox"/> <b>ALL</b>																																																																																												
2016 NeSA-Writing and/or ELPA21 Test Windows																																																																																												
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Provide a brief description of the reason for the emergency medical waiver including circumstances which made it impossible to test the student:																																																																																												
<i>Return to NDE Instructions: Attach Page 2 (physician signature) and send to the Nebraska Department of Education using <u>one</u> of the following methods. You will be notified by email of disposition.</i>		1) Fax to: 402-742-2319, OR, 2) Mail: NDE Statewide Assessment, PO Box 94987, Lincoln NE 68509-4987, OR, 3) Scan/send on Secure Email site requested from NDE																																																																																										
<b>STATEWIDE ASSESSMENT OFFICE</b>		<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>																																																																																									
Signed: _____		Date: _____																																																																																										



## EMERGENCY MEDICAL WAIVER PHYSICIAN SIGNATURE

*Explanation to the Physician:* The Nebraska Department of Education strives to ensure that all students have equitable opportunities to demonstrate their knowledge and skills on NeSA tests. State tests are mandatory for every student grades 3-8, and 11 who are enrolled in a public school.

Nebraska Department of Education requests school districts to provide physician-signed medical waivers in cases where a medical emergency prevents a student from participating in the NeSA tests (Nebraska State Accountability.)

If the school is otherwise providing education with accommodations to the student for an on-going medical condition or permanent disability, that is not considered a basis for a medical waiver on the NeSA tests. Districts are able to provide the test to the student at a location outside of the school building and/or may make other accommodations appropriate to the student's medical needs in order for them to participate in testing.

Student's Name \_\_\_\_\_

School District \_\_\_\_\_

By signing below, I attest that the student named above is either mentally or physically unable to test due to an emergency medical situation, or that participation in the test may be harmful to the student.

Yes

The student above should be excused from participating in the 2016 NeSA state

tests. Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

Name of physician \_\_\_\_\_ (please print)

City, State \_\_\_\_\_

Name of hospital or clinic: \_\_\_\_\_

*Physician* - Please return this form to the school district that made the request. They will submit your statement with their request for a waiver.



## EMERGENCY MEDICAL WAIVER REQUIREMENTS

The Nebraska Department of Education strives to ensure that all students have equitable opportunities to demonstrate their knowledge and skills on the NeSA tests. This document is provided to help districts determine whether a medical waiver is justified. Below are some examples that may help you determine whether a student qualifies for a waiver; these are not inclusive of every medical situation, but are meant as a guideline to help you determine if your student meets the requirements prior to requesting a physician signature on the waiver.

NDE values and trusts the medical opinion of physicians; however, they must be informed of the guidelines for testing prior to providing excused waivers for students. Nebraska districts are charged with providing education to all students, regardless of their disability.

APPROVED FOR WAIVER	NOT APPROVED FOR WAIVER
 <p>Concussion- The Return to Learn protocol indicates student could not have been tested during the entire window.</p>	<p>Concussion- The Return to Learn protocol indicates the student could have been tested during the testing window.</p>
<p>Emergency situation – hospitalization, e.g. recovering from a car accident</p>	<p>Long term hospitalization where students are receiving educational services outside of the school.</p>
<p>Emergency Medical conditions where medication or treatment makes It impossible for student to test. e.g. chemotherapy, radiation.</p>	<p>Permanent disability – education is being provided by district or other provider. e.g. cerebral palsy, multiple impairments, student participates in alternate assessment</p>
<p>Out-of-state medical care.</p>	<p>In-state non-emergency medical care.</p>
<p>Surgery and recovery.</p>	<p>Surgery where student could be tested as part of regular education</p>
<p>Emergency mental health issue that is not normally part of a student’s IEP.</p>	<p>Mental health issues that are being accommodated by the school in an on-going basis.</p>
<p>Emergency pregnancy complications – by doctor’s orders</p>	<p>Pregnancy/birth of child where student could be tested off-site.</p>

In order to maintain the confidentiality of students’ medical situations; actual medical records are not to be included with the waiver.

If you have questions about an individual situation, please do not hesitate to contact our office at 402 471-2495.

<p><b><i>Return to NDE Instructions:</i></b> Attach Page 2 (physician signature) and send to the Nebraska Department of Education using <u>one</u> of the following methods. You will be notified by email of disposition.</p>	<p>1) Fax to: 402 742-2319, or,                  2) Mail: NDE Statewide Assessment, PO Box 94987, Lincoln NE 68509-4987, or,                  3) Scan attach to email: <a href="mailto:nde.stateassessment@nebraska.gov">nde.stateassessment@nebraska.gov</a></p>
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