

**2023-2024 NEBRASKA STUDENT-CENTERED ASSESSMENT SYSTEM (NSCAS) TEST
 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 NSCAS tests. 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.

NDE values and trusts the medical opinion of medical professionals; 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. 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.

For each waiver, please refer to the Return to Academics Progression (page 2) to identify the current step in the progression (you can also find the progression at <https://bit.ly/322LhIU>).

This document is provided to help districts determine whether a medical waiver is justified. Below are some examples that may help determine whether a student qualifies for a waiver; these are not inclusive of every medical situation but are meant as guidelines to help determine if a student meets the requirements prior to requesting a medical professional signature on the waiver.

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

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 Trudy Clark, Trudy.clark@nebraska.gov

RETURN TO ACADEMICS PROGRESSION

Progression on the Return to Academics protocol is based on the individual circumstances. Students may start at any of these steps, depending on symptoms, and may remain at a step longer if needed. If symptoms worsen, the CMT should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible!

Steps	Progression	Description
1	HOME – Cognitive and physical rest	<ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Limited mental exertion – computer, texting, video games, homework
2	HOME – Light Mental Activity	<ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Up to 30 minutes mental exertion ➤ No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms.

3	SCHOOL – Part Time Maximum adjustments Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> ➤ Provide quiet place for scheduled mental rest ➤ Lunch in quiet environment ➤ No significant classroom or standardized testing ➤ Modify rather than postpone academics ➤ Provide extra time, help, and adjustment of assignments
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Progress to Step 4 when student handles 30-40 minutes of sustained mental exertion without worsening of symptoms.

4	SCHOOL – Part Time Maximum adjustments Shortened day/schedule	<ul style="list-style-type: none"> ➤ No standardized testing ➤ Modified classroom testing ➤ Moderate decrease of extra time, help, and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms.

5	SCHOOL – Part Time Minimal adjustments	<ul style="list-style-type: none"> ➤ No standardized testing; routine tests are OK ➤ Continued decrease of extra time, help, and adjustment of assignments ➤ May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics.

6	SCHOOL – Full Time Full academics No adjustments	<ul style="list-style-type: none"> ➤ Attends all classes ➤ Full homework and testing
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When symptoms continue beyond 3-4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

**2023-2024 NEBRASKA STUDENT-CENTERED ASSESSMENT SYSTEM (NSCAS) TEST
 EMERGENCY MEDICAL WAIVER FOR NSCAS/ELPA21**

Directions: Please fill out all fields on the form legibly, include the calendar dates when the student was not in attendance.
FAX completed pages 3 & 4 to 402-742-2319

DISTRICT INFORMATION		
District Name	School Code Number	Date Submitted
School Name	Waiver requested by	Position
I attest that this student meets the requirements stated above for a medical waiver.		
Signed (Administrator Requesting Waiver):		Administrator Email:
DAC INFORMATION		
DAC Name	DAC Email	
STUDENT INFORMATION		
First Name	Last Name	
State Student ID#	Grade	
List dates that student was absent during the test window:	Check all tests that apply to this waiver & circle appropriate subject(s): <input type="checkbox"/> ELPA21 or ALT ELPA (Feb 5 – Mar 15, 2024): <input type="checkbox"/> NSCAS Growth Spr (Apr 1 – May 10, 2024): ELA Math Gen-Sci <input type="checkbox"/> NSCAS Alternate (Apr 1 – May 10, 2024): ELA Math Science <input type="checkbox"/> ACT: <input type="checkbox"/> Window 1 (Mar 26-29 & Apr 1-5, 2024) <input type="checkbox"/> Window 2 (Apr 9-12 & 15-19, 2024) <input type="checkbox"/> Make-up Window (Apr 23-26, 29-30 & May 1-3 2024)	
Please provide a brief description of the circumstance(s) for the request of the waiver.		
What is the student's status based on the Return to Academics Progression document? (Step 1, Step 2, Step 3, etc.)		
Please provide what educational services are being provided to this student? Where does the student receive educational services? How many hours per week?		
STATEWIDE ASSESSMENT OFFICE <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____		



**2023-2024 NEBRASKA STUDENT-CENTERED ASSESSMENT SYSTEM (NSCAS) TEST
EMERGENCY MEDICAL WAIVER MEDICAL PROFESSIONAL SIGNATURE**

Explanation to the Medical Professional: The Nebraska Department of Education strives to ensure that all students have equitable opportunities to demonstrate their knowledge and skills on NSCAS tests. State tests are mandatory for every student grade 3-8, and 11 who is enrolled in a public school. The ELPA21 or Alt ELPA is required for every English Language Learner (EL) in grades K-12 who is enrolled in a public school.

Nebraska Department of Education requests schools to provide medical professional-signed medical waivers in cases where a medical emergency prevents a student from participating in the NSCAS tests.

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 an emergency medical waiver on the NSCAS tests. Districts are able to provide the tests to the students at locations outside of the school buildings and/or may make other allowable accommodations appropriate to the students' 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 2023-2024 NSCAS state tests.

Signature of Medical Professional:

Name of medical professional (Please print):

Name of hospital or clinic:

City, State:

Medical Professional - Please return this form to the school district that made the request. The school district will submit your statement with their request for a waiver.