

**2024-2025 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 Sequence (page 2) to identify the current step in the progression.

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. **Generally, if a student can receive instruction, he/she is able to participate in the statewide assessment.**

APPROPRIATE FOR WAIVER	NOT APPROPRIATE FOR WAIVER
The Return to Academics Sequence indicates student could not have been tested during the entire window	The Return to Academics Sequence 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 on an on-going basis
Emergency pregnancy complications – by doctor’s orders	Pregnancy/birth of child where student could be tested off-site

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 K Clark, trudy.clark@nebraska.gov.

RETURN TO ACADEMICS SEQUENCE

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

LEVEL	DESCRIPTION
1	<ul style="list-style-type: none"> • At home or facility full time • Not receiving any educational services • No standardized testing
2	<ul style="list-style-type: none"> • At school part time (less than 51% of the time) or receiving educational services at home • No class work or home work • Participation/engagement is allowed but limited • In-class breaks • Minimal screen time • No standardized testing
3	<ul style="list-style-type: none"> • At school part/full time (more than 51% of the time) • Focus on essential content • Participation and engagement allowed • Modified academic instruction • In-class breaks • Limited screen time • Participation in standardized testing with universal accommodations (e.g., extended time, breaks, alternate test location, etc.)
4	<ul style="list-style-type: none"> • At school full time • Participation in all classwork and homework • No adjustments or modifications • Participation in standardized testing is expected

When symptoms continue beyond 3-4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

**2024-2025 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	
DAC Signature		
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: <input type="checkbox"/> ELPA21 <input type="checkbox"/> Alt ELPA (Jan 27 – Mar 14, 2025): <input type="checkbox"/> NSCAS Growth (Mar 24 – May 2, 2025): <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> NSCAS Alternate (Mar 24 – May 2, 2025): <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> NSCAS ACT: <input type="checkbox"/> Window 1 (Mar 25 – Apr 4, 2025) <input type="checkbox"/> Window 2 (Apr 8 – 18, 2025) <input type="checkbox"/> Make-up Window (Apr 22 – May 2, 2025)	
Please provide a description of the student's circumstance(s), include information such as diagnosis and dates		
What is the student's status based on the Return to Academics Sequence document on page 2? <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4		
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: _____		



**2024-2025 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 in grades 3-8, and 11 who is enrolled in a public school. The ELPA21 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. The medical professional should have the qualifications necessary to render an informed judgment about how the child’s medical condition affects schooling.

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 can 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 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.

The student above should be excused from participating in the 2024-2025 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.