Recommendation for Medical Exemption

All Indiana students attending traditional public, charter or accredited nonpublic schools—including students with disabilities and non- or limited-English proficient students—are required by state and federal law to participate in Indiana's statewide assessment program. However, there are rare and unique situations in which a significant medical emergency may prohibit a student's participation in academic activities and statewide assessments. In such instances, a student may be exempt from participation in statewide assessments.

As a licensed medical provider for the student listed below, you are deemed qualified to make a recommendation regarding a request for exemption from state tests due to a significant medical emergency. A recommendation for medical exemption signifies that you, a licensed medical provider, believe that a significant medical emergency has rendered the student incapable of participating in any academic activities and the statewide assessment due to a significant, documented medical emergency. Examples of a significant medical emergency may include: long-term hospitalization without access to academics, severe trauma, mental health crisis with a finding that the student is dangerous to self and others or placement in hospice care. Generally, if the student is able to receive instruction during the testing window, the student may be able to participate in the statewide assessment.

Please complete this form in its entirety. In addition to this form, a school corporation, charter school or accredited nonpublic school must complete and submit the following **no later than ten (10) days after the closure of the test window**:

- Request for a Medical Exemption Form (must be completed by the school corporation/charter school/accredited nonpublic school).
- Sufficient, compelling evidence and documentation to support the request for a medical exemption.

TO BE COMPLETED BY THE SCHOOL:

STUDENT INFORMATION

Student Test Number (STN)	Date of Birth: mm/dd/yyyy	
Last Name	First Name	Middle Initial
Grade Level		

EXEMPTION REQUEST TEST INFORMATION

Check all that apply:

ISTEP+:

Test Window		Subject Area	
1 ☐	2 ☐	English/Language Arts ☐	Mathematics ☐

ISTAR:

Test Window		Subject Area	
1 ☐	2 ☐	English/Language Arts ☐	Mathematics ☐

TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER

RECOMMENDATION OF LICENSED MEDICAL PROVIDER

	YES	NO
This is a rare and unique situation in which the student is unable, for medical reasons, to participate in any part of the assessment.	☐	☐
There is a significant medical emergency, such as long-term hospitalization without access to academics, severe trauma, mental health crisis with a finding that the student is dangerous to self and others or placement in hospice care.	☐	☐
The student is unable, due to the significant medical emergency, to receive instruction during the testing period.	☐	☐
I am a medical provider licensed in the state of Indiana.	☐	☐

SIGNATURE OF LICENSED MEDICAL PROVIDER

Signature of Licensed Medical Provider
Printed Name of Licensed Medical Provider
Date Signed