



Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

Request for Medical Exemption

A school corporation, charter school or accredited nonpublic school must submit this completed form to the Indiana Department of Education’s Office of Student Assessment to request an exemption due to a medical emergency for the student listed below.

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:**

- Recommendation for a Medical Exemption Form (must be completed by a licensed medical provider or physician).
- Sufficient, compelling evidence and documentation to support the request for a medical exemption.

SCHOOL CONTACT INFORMATION

School Name		
Corporation Name		
Mailing Address		
Superintendent Name	Phone #	Email Address
Principal Name	Phone #	Email Address
CTC Name	Phone #	Email Address

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

ASSURANCES

Check the box that applies for each statement:

	YES	NO
The school corporation/charter school/accredited nonpublic school has notified the parent/legal guardian of the student that a request is being made for a Medical Exemption.		
The school has obtained a Recommendation for a Medical Exemption from a licensed medical provider or physician.		
For a student with an IEP only: The case conference committee has approved and documented a written amendment to the student's IEP that a request for medical exemption will be sought.		
The school has documentation of the recommendation and request on file, and will maintain this documentation for at least five (5) years after the date of request.		

SIGNATURE

Signature of Superintendent (Corporation) or Principal (Charter or Accredited nonpublic school)	
Date Signed	Date Submitted

FOR IDOE USE ONLY

Date Received	Date of Determination
_____ Approved _____ Denied	
Signature: _____	