

2018-2019 NEBRASKA STUDENT-CENTERED ASSESSMENT SYSTEM (NSCAS) TEST

2019 EMERGENCY MEDICAL WAIVER for NSCAS - English Language Arts-Mathematics-Science Tests/ACT/ELPA 21

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	District NSSRS ID	Date Submitted
School 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)

DAC INFORMATION

DAC Name	DAC Email:
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STUDENT INFORMATION

First Name	Last Name
NSSRS State ID #	Grade

Check all tests that apply to this waiver --

- NSCAS-ELA, ELA AA-- March 18-May 3, 2019
- NSCAS-Math, Math AA-- March 18-May 3 2019
- NSCAS-Science, Science AA-- March 18-May 3, 2019
- ELPA21-- February 4-March 15, 2019
- Paper/Pencil ACT-- April 2 & April 24, 2019
- Online ACT-- April 2-4 & April 9-11, 2019
- Accommodated ACT --
 Paper/Pencil-- April 2-5 & April 8-12 & April 15-16, 2019
 Online-- April 2-4 & April 9-11, 2019
 Make-Up Paper/Pencil-- April 24-26 & April 29-30, 2019

Mark all dates student was not in attendance:

FEBRUARY					MARCH				
4	5	6	7	8	4	5	6	7	8
11	12	13	14	15	11	12	13	14	15
18	19	20	21	22	18	19	20	21	22
25	26	27	28		25	26	27	28	29
APRIL					MAY				
1	2	3	4	5			1	2	3
8	9	10	11	12					
15	16	17	18	19					
22	23	24	25	26					

Provide a brief description of the reason for the emergency medical waiver including circumstances which made it impossible to test the student:

STATEWIDEASSESSMENTOFFICE

 APPROVED

 DENIED

Signed: _____ Date: _____



2018-2019 NEBRASKA STUDENT-CENTERED ASSESSMENT SYSTEM (NSCAS) TEST 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 NSCAS tests. State tests are mandatory for every student grades 3-8, and 11 who is enrolled in a public school. The ELPA21 is required for every English Language Learner (ELL) in grades K-12 who is enrolled in a public school.

Nebraska Department of Education requests schools to provide physician-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 a 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 2018 NSCAS 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. The school district will submit your statement with their request for a waiver.



2018-2019 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. 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 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
Concussion- The Return to Learn protocol indicates student could not have been tested during the entire window	Concussion- The Return to Learn protocol 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 the assessment office at 402 471-2495.

<i>Return to NDE Instructions: Attach Page 2 (physician signature) and send to the Nebraska Department of Education using the following method. You will be notified by email of disposition.</i>	Emergency Medical Waiver
	Scan attach to email: nde.stateassessment@nebraska.gov