

2020-2021 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 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. 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.

If the request for a waiver is the result of a concussion, 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 physician signature on the waiver.

| APPROVED FOR WAIVER | NOT APPROVED FOR WAIVER |
|--|---|
| Concussion - The Return to Academics Progression indicates student could not have been tested during the entire window | Concussion - 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 Maggie at 531-739-8665, margaret.sis@nebraska.gov

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. 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 |
|---|---|---|

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 |
|---|--|---|

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 |
|---|--|---|

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 |
|---|---|--|

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

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EMERGENCY MEDICAL WAIVER for NSCAS/ELPA 21

Directions: Please fill out all fields on the form legibly, include the calendar dates when the student was not in attendance. **Please provide 1) a brief description of the circumstance(s) for the request of the waiver, 2) status based on the Return to Academics Progression document, and 3) the amount and the kind of educational services student are receiving for the circumstance(s).**

FAX completed pages 3 & 4 to 402-742-2319

DISTRICT INFORMATION

| | | |
|---------------|---------------------|----------------|
| District Name | Co District Number | 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: |
|----------|------------|

STUDENT INFORMATION

| | |
|--------------------|-----------|
| First Name | Last Name |
| State Student ID # | Grade |

Check all tests that apply to this waiver --

- NSCAS-ELA, ELA AA -- March 22-May 3, 2021
- NSCAS-Math, Math AA -- March 22-May 3, 2021
- NSCAS-Science, Science AA -- March 22-May 3, 2021
- ELPA21 -- February 8 - March 19, 2021
- NSCAS ACT -- March 23, 2021 - April 1, 2021, April 6-15, 2021,
 - April 20-29, 2021
- Accommodated NSCAS ACT --
 - Paper/Pencil-- March 23 - April 2, 2020, April 6-16, 2020
 - Online-- March 23 - April 1, 2020, April 6-15, 2020

Mark all dates student was not in attendance:

| FEBRUARY | | | | | MARCH | | | | |
|----------|----|----|----|----|-------|----|----|----|----|
| | | | | | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | 8 | 9 | 10 | 11 | 12 |
| 8 | 9 | 10 | 11 | 12 | 15 | 16 | 17 | 18 | 19 |
| 15 | 16 | 17 | 18 | 19 | 22 | 23 | 24 | 25 | 26 |
| 22 | 23 | 24 | 25 | 26 | 29 | 30 | | | |

| APRIL | | | | | MAY | | | | |
|-------|----|----|----|----|-----|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5 | 6 | 7 | 8 | 9 | | | | | |
| 12 | 13 | 14 | 15 | 16 | | | | | |
| 19 | 20 | 21 | 22 | 23 | | | | | |
| 26 | 27 | 28 | 29 | 30 | | | | | |

Provide a brief description of the reason for the emergency medical waiver. See directions at the top of the page.

STATEWIDE ASSESSMENT OFFICE

APPROVED

DENIED



2020-2021 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 2021 NSCAS state tests.

Signature of Physician

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.