

# Medical Nonparticipation Form

## Kentucky State-Required Assessments

Testing Window: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Please check only the assessments that apply to this non-participation request.

ACCESS for ELLs     Alternate KSA     KSA

Other \_\_\_\_\_

Is this student currently receiving homebound services?     Yes     No

\_\_\_\_\_  
District Assessment Coordinator's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Student Identification Number (SSID) 10-Digit Code

\_\_\_\_\_  
Diagnosis or Injury Dates

\_\_\_\_\_  
Hospitalization Dates

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Student's Grade Level

\_\_\_\_\_  
District and School Student Attends

\_\_\_\_\_  
Attending District/School Code

\_\_\_\_\_  
Accountable District and School for Student (if different from above)

\_\_\_\_\_  
Accountable District/School Code

**Note: A nonparticipation cannot be approved for a handicapping condition.**

**REQUIRED:** Describe, in detail, this student's acute medical condition. Additional pages may be attached.

**REQUIRED:** Please explain how participation in the state-required assessment would adversely affect his/her well-being.

\_\_\_\_\_  
**Doctor's Name or Designee**

\_\_\_\_\_  
**Doctor's Signature or Designee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Superintendent's Name or Designee**

\_\_\_\_\_  
**Superintendent's Signature or Designee**

\_\_\_\_\_  
**Date**

**I give permission to release my child's pertinent medical information to the school district representative and the Kentucky Department of Education for the purpose of applying for a medical nonparticipation from the state-required assessment. I understand that, pursuant to Public Law 104-191, all parties will keep this information confidential.**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**