

Medical Emergency 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 The ACT KSA Field Test/Other:
 K Screen _____

Student's Last Name First Name MI

State Student Identification Number (SSID) 10-Digit Code Student's Grade Level

District and School Student Attends Attending District/School Code

Date of Injury: _____

Nature of Injury:

Testing Accommodation Provided:

BAC Signature **Date**

This paper copy should be retained in the district for audit purposes.
(A copy of this form should be forwarded to the District Assessment Coordinator.)