

Medical Non-Participation 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 K-PREP The ACT K-PREP Field Test/Other
 K Screen

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 non-participation cannot be approved for a handicapping condition.

REQUIRED: Describe, in detail, this student's acute medical (physical or mental) condition. Additional pages may be attached.

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

Print or Type Doctor's Name

Doctor's Signature

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 non-participation 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