

 **PARENT CONSENT SIGNATURE FORM**

**Student Name:**

**School Name:**

**Assessment:**

**Reason:**

**Today's Date:**

* **CIRCUMSTANCES WHICH MEET A NEED FOR SPECIAL CONSIDERATION**

 MEDICAL EMERGENCY

* A significant medical emergency has rendered the student incapable of participating in any academic activity and/or statewide assessment. This includes long-term hospitalization without access to academics, severe trauma, mental health crisis (student is in danger to self or others), or placement in hospice care or mental health facility.
* A Medical Emergency may also include medically fragile students that are not able to participate in any academic activity and/or statewide assessment due to a debilitating disease.

 COVID/QUARANTINE

* COVID/Quarantine includes student who has positive COVID test results, is unable to participate in statewide assessment due to the condition of quarantine according to Maine DOE COVID19 Toolkit or has elected for full remote instruction during each individual assessment window.

**PARENT CONSENT SIGNATURE**

I have consulted with the school district and agree with this request to exempt my child from statewide assessment. I understand that this means I will have no statewide assessment data for my child for the year of instruction being assessed.

*By signing this request,*

I **do**  I **do not**  (check one) give the district permission to seek an exemption for my child from statewide assessment for medical or other extraordinary reasons.

I **do**  I **do not**  (check one) give permission for the district to discuss the request if necessary, with a member of the Special Considerations Review Panel.

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*Parent Name (Please Print)*

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*Parent Signature* Date