



STATE-APPROVED SPECIAL CONSIDERATIONS

FORM 1: *DISTRICT ASSURANCES FORM **** *"Verification of Information Submitted for Exemption Request"*

District:		Student: (First and Last Name)		SASID: (100xxxxxxx)	
------------------	--	--	--	-------------------------------	--

It is the responsibility of the superintendent to review in a timely manner all requests for State-Approved Special Considerations (SASC) that would permit a student to be exempted from testing. The criteria below include the minimum conditions that must be met to qualify for exemption from statewide assessment. Upon receipt of a request for exemption, the superintendent must determine if the following conditions have been met and verify accuracy of information. **NOTE: RIDE reserves the right to review district files to ensure compliance with requirement to retain signed copies of applicable Forms.**

Assurances by District:	Yes	No	n/a	If no, then add comment(s):
1. The student was consulted prior to submitting this request.				
2. The student agrees with this request.				
3. The parent(s)/guardian(s) was consulted prior to submission of request.				
4. A parent/guardian signed a copy of <i>Form 2</i> to document their participation in the request for exemption.				
5. A parent/guardian indicated on <i>Form 2</i> that he/she gives permission for district staff to share relevant information about the request for exemption with RIDE.				
6. There is a medical reason or personal crisis or family emergency that prevents this student from receiving <i>instruction</i> during the remaining test window.				
7. A treating physician/licensed mental health worker signed <i>Form 3</i> indicating that this student <u>cannot</u> participate in INSTRUCTION , even with accommodations, during the remaining test window.				
8. A treating physician/licensed mental health worker signed <i>Form 3</i> indicating that this student <u>cannot</u> participate in ASSESSMENT , even with accommodations, during the remaining test window.				
* Numbers 9-12 need to be addressed <u>ONLY</u> if applying for the SASC-IV exemption (<i>student qualified for RIAA after RIAA enrollment window closed</i>).				
9. * The student was enrolled out-of-state prior to 1/09/2013.				
10. * The student will be enrolled in my district on 10/1/2013.				
11. * The student has an IEP documenting that he/she would have qualified for the 2011-2012 RIAA had the student been enrolled in a Rhode Island district on 1/09/2013.				
12. * The student's most recent IEP team meeting determining eligibility for RIAA was after 1/09/2013.				

I certify that the information contained within this notification is complete and accurate.

_____ Superintendent's Full Name (please print)	_____ Superintendent's Signature	_____/_____/_____ Date
--	-------------------------------------	---------------------------

***** AFTER SIGNING, FAX A COPY TO RIDE AT 401-222-3605**