

SPECIAL CONSIDERATION REQUEST

A special consideration request may be made according to section 2.19 of the Maine High School Assessment Operational Procedures Manual which is located at:

<http://www.maine.gov/education/mhsa/opprocedures.html>

Section

2.19 Student Conditions Requiring Special Considerations

If the student can receive instruction, the student can participate in the MHSAs. However, in rare instances, students are unable to participate in either instruction or assessment. In these cases, a request for state approval of non-participation must be made. The state-approved reason for allowing non-participation are called Special Considerations and fall within four broad areas:

- **Medical Emergency/Serious Illness:** Students experiencing a documented significant and fully incapacitating medical emergency or serious illness, such as: a terminal illness, a serious car accident, hospitalization, or placement in hospice care.
- **Severe Emotional Distress:** Students experiencing a documented significant and fully incapacitating emotional trauma that extends across the entire test window and prevents the student from participating in instruction offered either at school or at home. Students may be hospitalized in a mental health facility.
- **Death in the Immediate Family:** Students experiencing the loss of a close family member.
- **Detention by Law Enforcement Pending Adjudication:** see Section 2.17

Special Consideration requests must be submitted by June 8, 2012, one week after the final SAT make-up option. These requests must be based on a decision made by an educational team that includes the student's teachers, special education staff as appropriate, school counselor, principal, parent or legal guardian, and, if possible, the student. This team will collect/review information and document the decision. The principal will then obtain the parent's consent (Form 2) and complete the Request for Special Consideration (Form 1).

Special Consideration requests for students identified to take the Alternate Assessment in 2011 - 12 must be submitted during the testing window (December 1 – April 30). Approved requests will be applied to the MHSAs results.

Requests will be reviewed by the Special Considerations Review Panel at MDOE, who will request additional information when needed. Forms 1 and 2 are located at the end of this document. The forms must be completed and faxed to the MDOE (207-624-6771) no later than **June 8, 2012**. It is the school's responsibility to keep documentation on these students.

MAINE DEPARTMENT OF EDUCATION – FORM 1: REQUEST FOR SPECIAL CONSIDERATION

OFFICE ONLY
DR _____
IN _____
DN _____

STUDENT INFORMATION FORM

Request Date:	
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Student Name		State Student ID #	
Grade		School	
Principal Name		Phone/ext.	
Principal Email			

Reason for Request for Special Consideration (circle all that apply)			
Medical Emergency/ Serious Illness	Severe Emotional Trauma	Death in the Immediate Family	Detention by Law Enforcement

Student is unable to participate in the following: (circle one)	
Grades 3-8 Assessments	High School Assessments
NECAP: All Subjects OR Reading Mathematics Writing	MHSA: Science
MEA: Science	May/June SAT (Submit after the June SAT make-up)
Alternate Assessments (PAAP) for All Grades	
All subjects OR Reading Mathematics Writing* Science**	

*PAAP Writing: Grades 4, 7, 3rd Year High School only / **PAAP Science: Grades 5, 8, 3rd Year High School only

The criteria below include the minimum conditions that must be met by the principal prior to submission of this request for non-participation in statewide assessment for a student.

Assurances by principal:	Yes	No	If no, then add comment(s):
1. Did a team convene to discuss this request?			
2. Does the student agree with this request?			
3. Has a parent/guardian signed the consent form and agreed to share relevant information with the MDOE Special Considerations Review Team as needed? (Form 2)			
4. I certify that this student cannot participate in INSTRUCTION , even with accommodations, during the test window.			
5. I certify that this student cannot participate in ASSESSMENT , even with accommodations, during the test window.			

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

Principal's Signature

____/____/____
Date

FAX completed form to MDOE at (207) 624-6771

FORM 2: PARENT CONSENT SIGNATURE FORM

(Do not submit to Maine DOE; retain with student record)

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.

Student's name:

By signing this request,

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

Parent Name (Please Print)

Parent Signature

____/____/____
Date