



Request for Medical Exemption from State Assessments
[DISTRICT NAME] PARENT/GUARDIAN FORM

In Montana, state law and accreditation rules require all students to participate in the Board-approved grades and content specific state assessments. The Montana Office of Public Instruction (OPI) recognizes there may be circumstances beyond the school district's control when a student cannot be assessed at any time during the testing window due to a significant medical emergency (e.g., a student is hospitalized due to an accident). In rare occasions where a student is unable to participate in the assessments, the school must document these circumstances according to the OPI participation policies and report them in the MontCAS Application.

Note: This form is intended to assist school districts with the documentation for these qualifying medical reasons locally.

District Directions: Provide this form to the parent/guardian to record the medical reason for non-participation. Once signed, retain a copy for the student's records. Do not send this form to the OPI. School districts are encouraged to retain the documentation locally for a period of three years as the OPI reserves the right to audit districts to ensure compliance with the requirement to retain signed copies of all applicable forms for up to three years. Non-participation due to a medical reason must be determined between the family, medical provider, and the school district.

Student Information

Last Name:		First Name:		Middle Initial:	
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I understand that this means I will have either no test scores or partial test scores, depending on circumstances, for my child for the exempted assessment(s).

By signing this request, I acknowledge that:

I was involved in the decision for the district to seek an exemption for my child from the state assessment(s).	☐	Yes	☐	No
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My child agrees with this request.	☐	Yes	☐	No
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I am granting permission for the school to discuss the reason for medical exemption with the OPI.	☐	Yes	☐	No
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Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Date:	