STAAR ALTERNATE 2 MEDICAL EXCEPTION ELIGIBILITY REQUIREMENTS

Student Name	Grade	Date	
Name of District Personnel Completing Form	n	Position	
ELIGIBILITY CRITERIA If the admission, review, and dismissal (ARD) committee has previously determined that a student meets the eligibility criteria for STAAR Alternate 2 and the student is being considered for a medical exception designation, the ARD committee must discuss the eligibility criteria below. At least one of the specific medical conditions listed below should describe the medical condition of the student. Additionally the ARD committee must discuss the three assurances. All of these assurances must be initialed by district personnel in order for the student to receive a medical exception. Students qualifying for a medical exception will not be required to participate in the administration of STAAR Alternate 2 for any course or subject for which they are enrolled in the current year. A score code of 'M' must be recorded for all tests the student would have taken.			
Specific Medical Condition Eligibility Crite	 ria	_	
 The student is unable to respond to the student is receiving extensive injury in an accident. The student is unable to interact whimself/herself or others. The student is unable to receive such as the student is una	short-term medical tre	eatment due to a medical emen	rgency or serious ontamination to
Discuss and Initial Assurances If the medical condition of the student is described must discuss the following assurances. All student to be eligible for the STAAR Altern medical exception is documented in the standard in the IEP.	three assurances must late 2 medical exception	t be initialed by district personi on. The ARD committee must e	nel for the ensure the
The medical incident or conditio instruction offered at school, at	-		ficient
The information used to make the medical exception determination must reflect the student's situation just prior to and throughout the testing window.			
The medical incident or condition must be identified and verified in writing by a licensed physician and kent on file by the local district			