

## 2011-2012 TCAP-Alt PA Medical Exemption Application

All information must be filled in completely. Incomplete information will result in return of the MEA to the student's school system. Complete Student Information Section electronically. Physician section is to be completed manually by the physician. Required names should be printed and then signed.

### Student Information

Student's Full Name: \_\_\_\_\_ Unique Student State ID: \_\_\_\_\_ Assigned Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
System Number: \_\_\_\_\_ System Name: \_\_\_\_\_ School Number: \_\_\_\_\_ School Name: \_\_\_\_\_  
Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### Questions for the IEP Team

1. Is this student currently enrolled in a homebound or hospital program?  yes  no
2. Has the IEP Team agreed that a request for a medical exemption is appropriate for this student?  yes  no
3. Does this student's medical condition prohibit interaction with education instruction service providers?  yes  no

IF THE ANSWERS TO ANY OF THE ABOVE QUESTIONS IS NO, STOP. THIS STUDENT DOES NOT QUALIFY FOR A MEDICAL EXEMPTION.

Describe services provided as documented in this student's IEP:

#### To be completed by Physician:

Would participation in the TCAP-Alternate Assessment Portfolio be detrimental to this student's well being?  yes  no

*Note to Physician: The TCAP-Alternate Assessment Portfolio is not a "paper/pencil" assessment. He/she will not be required to take a test. The Portfolio Assessment is a measure of student progress and is evidenced by teacher observation through data collection.*

Provide description of student's medical status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Signature Section:

Print Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Homebound Teacher's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Special Education Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print System Superintendent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*All signatures are required prior to State review of the Medical Exemption Application.*

#### State Use Only

Date Received: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Student meets criteria to be granted a Medical Exemption for the TCAP-Alt PA for the 2011-2012 school year:  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_