

Arkansas Department of Education

Public School Accountability: School Performance Unit

2018-2019

Reason Not Tested and Required Documentation

***Reason not tested without the proper documentation will not be approved.***

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| **Assessment Format Cod**e | **Reason Not Tested Code** | **Reason** | **Excludes from Enrollment** |
| ASPIRE | 1 | Absent on ALL days of the test administration, including the make-up test administration Expelled/Suspended/Student Refused to Test | No |
|  |  | * *No documentation is needed.*      * *This Reason Not Tested (RNT) code will count against the 95 percent tested. At least 95 percent of students in each student subgroup are required to test.* |  |
| ASPIRE | 2 | Medical Emergency/Extended Hospitalization - Requires doctor's statement | Yes |
|  |  | ***A student is physically unable to take the test.***  **Documentation**:  This information must be on the Doctor, Medical Clinic or Hospital letterhead with the attending physician’s signature.     * The letter must address the student’s limitations. * The initial intake date and the date the student was released to go back to school must clearly be stated in the letter.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.***    **Examples of Medical Emergency/Extended Hospitalization:**   * Blindness caused by an accident * Brain injury      * Stroke      * Heart Attack      * Aneurysm |  |
| ASPIRE | 3 | Residential Treatment - Requires doctor's statement | Yes |
|  |  | **Documentation:**   * This information must be on the Treatment Facility letterhead with the attending physician’s signature.      * Treatment dates must clearly be stated in the letter from the initial intake date to the return to school date.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 4 | Homebound medically fragile - Requires doctor's statement | Yes |
|  |  | **As a reminder, students can take the test at home. For procedures on testing students at home, refer to page 4 of the** [**ADE Assessment Policy and Procedures**](http://www.livebinders.com/media/get_centered/MTg3MjQwMDA) **document.**  ***If a student is physically unable to take the test, provide the required documentation.***  **Documentation:**   * This information must be on the Doctors, Medical Clinic or Hospital letterhead with the attending physician’s signature.      * The letter must state the student’s condition and address the student’s limitations.      * The initial intake date and the date the student was released to go back to school must clearly be stated in the letter.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.***  **Definition:**   * Medically fragile is a condition that requires assistance in an activity of daily living.      * 24-hour supervision and/or direct assistance to maintain safety due to confusion and/or disorientation.      * Turning or repositioning every 2 to 4 hours to prevent skin breakdown per medical plan of care.      * 24-hour monitoring of a health care plan by a licensed-nurse. |  |
| ASPIRE | 5 | Incarcerated/Juvenile Detention/Deceased | Yes |
|  |  | **Documentation:**   * Incarceration: e-School entry and withdrawal date.      * e-School Plus withdrawal code 20.      * A letter from the Juvenile Detention Center stating the entry and withdrawal dates.      * e-School Plus withdrawal code 20.      * If a student is deceased, an obituary from the newspaper or funeral home website.      * e-School Plus withdrawal code 30.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 6 | Withdrew from school | Yes |
|  |  | **Documentation:**   * e-School entry withdrawal screen print that shows the entry and withdrawal dates.      * This screen print should also show the withdrawal code used.      * e-School Plus withdrawal code 14 Moved out of state.      * e-School Plus withdrawal code 10 Enrolled in another Arkansas school.      * If moved out-of-state, a request for records from the out-of-state (receiving) school.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 7 | Enrolled in a Home-School/Private-School | Yes |
|  |  | **Documentation:**   * A request for records from the receiving school.   or   * e-School entry withdrawal screen print that shows the entry and withdrawal dates.      * This screen print should also show the withdrawal code used.      * e-School Plus withdrawal code 11 Home-School.      * e-School Plus withdrawal code 13 Private-School.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 8 | Homeschool student enrolled for classes or extracurricular | Yes |
|  |  | **Documentation:**   * A copy of the student’s transcript validating the student’s enrollment.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 9 | Special Education services for home/private school | Yes |
|  |  | **Documentation:**   * A letter from the school’s special education department stating the services that the student are receiving.      * A copy of the student’s transcript.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 10 | Youth Challenge/Tuition Agreement/Job Corps/Boot Camp | Yes |
|  |  | **Documentation:**   * A copy of the Youth Challenge letter stating the dates of enrollment.      * A copy of the tuition agreement. * A copy of the Job Corps letter stating the dates of enrollment. * A copy of the letter from Boot Camp stating the dates of enrollment.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| ASPIRE | 11 | Student took Alternate Assessment | Yes |
|  |  | **Documentation:**   * A copy of the test result from DLM.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 1 | Medical Waiver | Yes |
|  |  | ***A student is physically unable to take the test.***  **Documentation**:  This information must be on the Doctor, Medical Clinic, or Hospital letterhead with the attending physician’s signature.     * The letter must address the student’s limitations. * The initial intake date and the date the student was released to go back to school must clearly be stated in the letter.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.***    **Circumstances leading to Medical Waiver:**   * Blindness caused by an accident * Brain injury      * Stroke      * Heart Attack      * Aneurysm |  |
| DLM | 2 | Catastrophic Illness or Accident | Yes |
|  |  | ***A student is physically unable to take the test.***  **Documentation**:  This information must be on the Doctor, Medical Clinic, or Hospital letterhead with the attending physician’s signature.     * The letter must address the student’s limitations. * The initial intake date and the date the student was released to go back to school must clearly be stated in the letter.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.***    **Catastrophic Illness or Accident:**   * Blindness caused by an accident * Brain injury      * Stroke      * Heart Attack      * Aneurysm |  |
| DLM | 3 | Home Schooled for Assessed Subjects | Yes |
|  |  | **Documentation:**   * Special Education services for home/private school.      * This screen print should also show the withdrawal code used.      * e-School Plus withdrawal code 11 Home-School.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 4 | Incarcerated at Adult Facility | Yes |
|  |  | **Documentation:**   * Incarceration: e-School entry and withdrawal date.      * e-School Plus withdrawal code  20.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 5 | Special Treatment Center |  |
|  |  | **Documentation:**   * This is an approved residential treatment center. This information must be on the Treatment Facility letterhead with the attending physician’s signature.      * Treatment dates must clearly be stated in the letter from the initial intake date to the return to school date.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 6 | Special Detention Center | Yes |
|  |  | * A letter from the Juvenile Detention Center stating the entry and withdrawal dates.      * e-School Plus withdrawal code  20. * A letter from DYS stating the entry and withdrawal dates. * e-School Plus withdrawal code  20.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 7 | Psychological Factors of Emotional Trauma |  |
|  |  | ***A student is unable to take the test due to a mental health crisis.***  **Documentation**:  This information must be on the Treatment Facility, Doctor, Medical Clinic, or Hospital letterhead with the attending physician’s signature.     * The letter must address the student’s limitations. * The initial intake date and the date the student was released to go back to school must clearly be stated in the letter.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 8 | Homebound Medically fragile | Yes |
|  |  | **As a reminder, students can take the test at home. For procedures on testing students at home, refer to page 4 of the** [**ADE Assessment Policy and Procedures**](http://www.livebinders.com/media/get_centered/MTg3MjQwMDA) **document.**  ***If a student is physically unable to take the test, provide the required documentation.***  **Documentation:**   * This information must be on the Doctors, Medical Clinic or Hospital letterhead with the attending physician’s signature.      * The letter must state the student’s condition and address the student’s limitations.      * The initial intake date and the date the student was released to go back to school must clearly be stated in the letter.      * *All of the above elements must be included in the letter for evaluation to the ADE.*   ***Reason not tested without the proper documentation will not be approved.***    **Definition:**   * Homebound Medically fragile is a condition that requires assistance in an activity of daily living.      * 24-hour supervision and/or direct assistance to maintain safety due to confusion and/or disorientation.      * Turning or repositioning every 2 to 4 hours to prevent skin breakdown per medical plan of care.      * 24-hour monitoring of a health care plan by a licensed-nurse. |  |
| DLM | 9 | Deceased | Yes |
|  |  | * If a student is deceased, an obituary from the newspaper or funeral home website.      * e-School Plus withdrawal code 30.   ***Reason not tested without the proper documentation will not be approved.*** |  |
| DLM | 10 | Withdrew | Yes |
|  |  | **Documentation:**   * E-School entry withdrawal screen print that shows the entry and withdrawal dates.      * This screen print should also show the withdrawal code used.      * e-School Plus withdrawal code 14 Moved out of state.      * e-School Plus withdrawal code 10 Enrolled in another Arkansas school.      * If moved out-of-state, a request for records from the out-of-state (receiving) school.   ***Reason not tested without the proper documentation will not be approved.*** |  |