

U.S. Department of Education
MEDICAL HARDSHIP ABSENCES REQUEST FORM

Part I: Student Information (PLEASE TYPE)

Name:

PowerSchool ID:

School Name:

Grade:

Part II: Test Information (PLEASE TYPE)

Test name(s) for which the MEDICAL HARDSHIP ABSENCES ARE being requested.

Testing Window for which ABSENCES are being requested.

- Fall, spring, year-long

School's testing window - Dates

Part III: Description of Medical Emergency and/or Condition (PLEASE TYPE & Attach Medical Documentation with physician signature and letterhead.)

Date of the onset of the medical emergency and/or condition.

Expected duration/recovery period.

DATE(S) OF ABSENCE(S) FOR MEDICAL HARDSHIP CONSIDERATION

- Must include PowerSchool attendance record.

Briefly describe the student's medical condition, CAUSING THE MEDICAL HARDSHIP.

- Substantiating documentation and/or letters (on letterhead) from doctors should be included. Notes from doctors and medical professionals should address and/or explain the impact of the condition on the student's ability to attend school.

Description of HOW THESE ABSENCES QUALIFY AS A MEDICAL HARDSHIP.

- Briefly describe how the medical issue/condition impacts daily instruction/classroom participation and QUALIFIES AS A MEDICAL HARDSHIP. This explanation should include sufficient details and documented data (scanned attachments) that provide the principal with a thorough understanding of the implications of the emergency and/or condition on the student's

