

School Choice Arkansas

Standardized Testing Exemption Request for EFA Program — Provider Certification Form

Directions: This form is for use when a student's current medical or clinical condition prevents meaningful participation in standardized testing, even with accommodations in place. It must be completed and signed by the student's treating provider (physician, psychologist, or licensed clinician). Please submit this in your EFA testing exemption application. All forms must be received and processed before the end of the testing window.

Section 1 — Student Information

Student First Name Student Last Name
Date of Birth Current Grade

Note: Sections 2-5 must be completed by the treating provider — not a parent, guardian, or school staff member.

Section 2 — Provider Information

Provider name (print) Professional credentials (e.g., MD, PhD, LPC)
Specialty or area of practice License or certification number and issuing state
Practice or organization name Phone number
Mailing address
Date of first contact with this student Most recent evaluation or appointment date

Section 3 — Basis for Exemption

Please check any conditions that currently apply to this student. A diagnosis alone is not sufficient. The exemption must be grounded in the student's present ability to participate, even with testing accommodations. Check all that apply:

- A serious acute medical condition or recent hospitalization that prevents the student from receiving instruction in any setting (at home, school, or another facility)
- A significant flare or escalation of a chronic condition during the testing window that rises to the level of a medical emergency
- A neurological, cognitive, or developmental condition with a documented current level of impairment that prevents testing participation even with standard accommodations
- Another significant condition not listed above (described fully in Section 4)

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Note: Conditions that do not generally support a full exemption include: a stable diagnosis managed without acute crisis (including ADHD, anxiety, autism spectrum disorder, or intellectual disability, when the student is able to participate with accommodations); short-term or minor illness; a condition for which testing accommodations have not yet been explored or tried.

Section 4 — Clinical Summary

Please respond to each prompt below in your own words. Brief, clear responses are appropriate — you do not need to include confidential diagnostic records. You may attach a supporting letter if you prefer.

4a. Describe the student's current condition and how it affects their day-to-day functioning.

4b. Explain why the student is unable to participate in testing during the current window, even with accommodations (such as extended time, a separate setting, or other supports).

4c. How long do you expect the student's current condition to affect their ability to participate in testing?

Section 5 — Provider Certification

Please initial each statement below and sign at the bottom. Forms that are incomplete or unsigned cannot be processed.

- I have a current and direct clinical relationship with this student and have personally evaluated or observed the condition described in this form.
- Based on my professional judgment, this student's current condition prevents meaningful participation in standardized testing, even with available accommodations.
- The information I have provided is accurate and complete to the best of my knowledge.

Provider Signature

Date

ADE reserves the right to request additional documentation or clarification before a determination is made. For questions, contact help@schoolchoicear.org.