



Exemption for the Use of Devices with Imaging or Text-messaging Capability
During the Administration of State Assessments

In accordance with BESE policy, students' telecommunication devices are not permitted in any secure testing environment. This includes, but is not limited to, cell phones, smart watches and smart glasses. Any student found with a device that has imaging or text-messaging capability may have their test voided and not be eligible for a retest during the same testing window. The LDOE and BESE recognize that some students may need these devices in the secure testing environment due to medical necessity.

- This form must be completed with all required assurances and signatures for each student who requires a medical exemption.
Incomplete forms will be returned to the DTC as unapproved.
The form must be submitted to assessment@la.gov by the District Test Coordinator (DTC) no later than 30 days prior to the testing window.
The school test coordinator (STC) must apply their initials to all assurances below.

- The STC has confirmation that the student qualifies for a medical exemption.
The STC has provided direct training to the test administrator (TA) regarding the student with the exemption.
The STC and TA will allow the student's medical device to remain in the same location it would be in during the normal school day.
The STC and TA will carefully monitor the student's use of the device in the testing room should the medical alarm sound, without violating the student's right to privacy when applicable.
The STC and TA will store secure materials should a student need to leave the classroom for a medical issue. This includes, but is not limited to, pausing the online test, collecting secure materials, including scratch work, and recording the time remaining in the test session at the time of the emergency.
The STC and TA will ensure the student and the device is monitored at all times should the student need to leave the testing environment during the test.
The STC and TA have advised the student that should they use their device for any reason other than their medical need, their test may be voided and they will not be allowed to retest during the same testing window.

District Name: _____

School Name: _____

LASID: _____

School Test Coordinator Name

School Test Coordinator Signature

Test Administrator Name

Test Administrator Signature

District Test Coordinator Name

District Test Coordinator Signature