



REQUEST FOR DISABILITY-BASED EXEMPTION FROM IN-SCHOOL COVID-19 TESTING FOR STUDENTS WITH DISABILITIES

The New York City Department of Education (NYC DOE), working with NYC Health + Hospitals and the New York City Department of Health and Mental Hygiene, has partnered with laboratories and other providers to test NYC DOE students, teachers, and staff members for COVID-19 infection.

Parent or guardian: If your child has an Individualized Education Program (IEP) and their documented disability directly impacts their ability to be tested for COVID-19 in school, you may request an exemption from the school-based random COVID-19 testing program. Please describe the specific reason below and submit this completed form to your child's school principal or their designee. You may include additional information and supporting documentation that you believe should be considered during the review of your exemption request – though you are not required to do so. All requests will be reviewed, but not all will be approved; only those that directly impact your child's ability to be tested in school will be cause for approval of an exemption.

Please note: Approved disability-based requests will exempt a student from in-school testing; however, exempted students are still expected to get tested outside of school. If a student is selected for in-school testing but has an approved disability exemption on file, the student will be expected to get tested outside of school (e.g., at the student's doctor, at a NYC Health + Hospitals site, etc.) within seven days of notice. Exempted students will also be expected to bring test results into school upon completion. If you need help arranging a test, please see nyc.gov/covidtest and schools.nyc.gov/covidtesting.

Child/Student Information

Name: _____ School ID/OSIS #: _____ Date of Birth: _____

Parent/Guardian Information

Name: _____ Email: _____ Phone number: _____

Address: _____

Best way to contact you? Phone Email

Disability-based Reason for Request

Please describe why the student cannot be tested for COVID-19 in school due to the nature of their documented disability:

To Be Completed by School Psychologist

ACTION: Approved Denied

School Psychologist: _____ Date: _____