



MANDATORY STUDENT FACE COVERING REQUEST FOR EXEMPTION DUE TO IEP/504 TEAM DETERMINATION

[PRIOR WRITTEN NOTICE]

A student with an IEP or 504 plan may be exempted from the requirement to wear a face covering and do not fall within the medical directive provision. This form should be completed by the student’s IEP LEA or 504 coordinator, school nurse, and parent/guardian. A copy should be placed in the student’s IEP/504 file.

Not all disabilities necessitate an exemption. The reasons for the exemption must be explained below. Reasons may include therapeutic or communicative practices that require viewing the face, emotional or behavioral outbursts resulting from the face covering, or other conditions known to the team that would necessitate the exemption. The determination should include the school nurse and parent based on the child’s disability and medical diagnosis.

IEP/504 CERTIFICATION		
Student’s Full Name:	Student’s Date of Birth:	Grade:
Student’s Home Address:	School Name:	
I affirm that this student has been identified as a student with a disability under the IDEA or Section 504 and that the student’s disability necessitates exempting the student from wearing a face covering as described below.		
This student has been found to have the following disability: _____		
Exemption from the face covering requirement is necessitated by the following circumstances: _____ _____ _____		
<input type="checkbox"/> A transparent plastic face shield WOULD BE a reasonable alternative to a face covering. <input type="checkbox"/> A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.		
Parent/Guardian Name (print):	Parent/Guardian Signature:	Date:
Name of School Nurse (print):	School Nurse Signature:	Date:
Name of LEA/504 Coordinator (print):	LEA/Coordinator Signature:	Date:

STUDENT FACE COVERING EXEMPTION DETERMINATION		
(Administrator Use Only)		
Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrator Initials:	Date: