

RHS INCOMPLETE ("I") AND MEDICAL ("M") DECISION-MAKING CHECKLIST

Student: _____ Grade: _____ Date: _____

Counselor: _____ Assistant Principal: _____

An Incomplete (I) may be considered when a student has missed ten or more consecutive school days and has not had a reasonable opportunity to complete work that was due during the qualifying absence. I's may not be "banked" for future assignments not missed during the window of absence. A Medical (M) is considered when a documented medical condition temporarily prevents a student from completing academic work or requires work to be modified. An M/I is not retroactive, and may not replace an existing grade.

Dates of consecutive absence

From: _____ to: _____ School Days: _____

Medical documentation date received: _____ (Only needed for M)

[illegible]

Depending on the circumstances, a student may be assigned a Medical ("M"), an Incomplete ("I"), or neither designation for a course.

Medical (M) Accommodations: (Disregard if student does not qualify)

- ☐ Provide school nurse with medical documentation
- ☐ Ensure student is not participating in any extra- or co-curricular activities
- ☐ Notify school psychologist/student services/504 or IEP Case Manager as needed

Based on student circumstances, the school-based team met on (date) _____ and determined that the student did not qualify for a Medical or an Incomplete. The team is requesting an exception to the 10-day consecutive excused criteria due to extenuating circumstances.

- ☐ Principal decision: Yes, student circumstances warrant an incomplete.
- ☐ Principal decision: No, student circumstances do not warrant an incomplete.

RHS Building Principal Signature

Date signed

Incomplete (I) Deadline: (Up to twenty school days) _____

Date M/I/Neither communicated by school counselor to:

Teachers: _____ Student: _____ Parent/Guardian: _____

M/I Follow-up meeting date: _____

Date will need updated documentation for Medical (M): _____

- ☐ Medical/Incomplete extension?
 - ☐ If yes, extension date: _____ (Principal approval required for I)
- ☐ If no extension, confirm teacher grade change forms submitted
- ☐ Confirmation email by counselor to teachers, parent/guardian, student of resolution
 - ☐ Date: _____

Additional notes:
