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REQUEST FOR NON-STANDARD WAIVER

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| **APPLICANT INFORMATION** | | |
| **1. Corporation Name:** | | **2. Corporation Number:** |
| **3. Street Address:** | **4. City:** | **5. Zip Code:** |
| **6. School Name:** | | **7. School Number:** |
| **8. Local Contact Person:** | **9. Title:** | |
| **10. Phone #:** | **11. E-Mail:** | |

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| **REQUEST TYPE** | | |
| **Initial Request**  **[ ]** | **Extension of a Previous Approval**  **[ ]** | **Amendment to a Previous Approval**  **[ ]** |
| **WAIVER TYPE** | | |
| **Course Proposal**  **[ ]** | **Licensure Proposal**  **[ ]** | **Course Proposal and Licensure**  **[ ]** |

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| **AUTHORIZATION** | |
| ***Attach documentation (School Board minutes) of the governing body’s authorization to seek the requested Approval of State Board of Education Rules.*** | |
| ***Superintendent’s Name*** | ***Date*** |
| ***Signature*** | |
| ***Area CTE Director’s Name (if applicable)*** | ***Date*** |
| ***Signature*** | |

If you are only requested a licensure waiver, only the Licensure Waiver Information section needs to be completed. Questions can be directed to Kris Campbell: kcampbell@doe.in.gov.

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| **COURSE PROPOSAL INFORMATION (scroll to next page for licensure)** | | | | |
| ***By submitting this application, you are requesting a waiver from* 511 IAC 6.1-5-4.5** | | | | |
| **Title of Proposed Course(s):** | |  | | |
| **Grade(s) to be served:** |  | | **Number of students participating** |  |
| **If a single course, give length of course in semesters/trimesters with minutes of Instruction:** | | | **Number of Semesters/Trimesters** |  |
| **Minutes per Course** |  |
| **Minutes per Week** |  |
| **If High School Course, Give Number of Credits Offered:** | | | **Number of Credits** |  |
| **Describe the purpose of the proposed course and or curriculum program. Include how the proposed course or curriculum program will more effectively serve the needs of the students.** | | | | |
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| **Describe the content of the proposed course. Attach any supporting materials, including course outlines. No more than 5 pages.** | | | | |
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| **Describe the planning process. Include the extent of community, staff, and student involvement.** | | | | |
| **(type/paste information here)** | | | | |
| **Describe how the effectiveness of the program will be evaluated. Especially the effects on learning outcomes. Evaluation of student progress, e.g., SAT, ISTEP+, other norm referenced or criterion referenced scores, performance based assessment, informal type assessments, portfolios, etc.** | | | | |
| **(type/paste information here)** | | | | |

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| **LICENSURE WAIVER INFORMATION** | | | | | | |
| ***By submitting this application, you are requesting a waiver from* 515 IAC 8-1** | | | | | | |
| **Teacher Name** |  | | | | **License Number** |  |
| **Currently Content Areas on License** | | |  | | | |
| **Requested Course Number** | |  | | **Requested Course Title** | |  |
| **Describe education, work experience, and/or training that qualifies the teacher to teach outside the licensed area.** | | | | | | |
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| **Describe efforts to find a properly licensed teacher. Why was the above teacher chosen?** | | | | | | |
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| **If this is a renewal of a previously approved wavier, what efforts have been made to obtain appropriate licensure?** | | | | | | |
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Submit application by email to: Kris Campbell kcampbell@doe.in.gov