

**APPLICATION for a Waiver  
Administrative Rule 24:43:02:08 Plan of Intent (Teachers)**

\_\_\_\_\_ School District hereby applies for a waiver from certain South Dakota administrative rules that govern school accreditation, using the procedures outlined in § 24:43:08.

It is the intent of the \_\_\_\_\_ School District to implement the strategies for continued school improvement as outlined herein, and to annually report on the implementation of the of those strategies as described in § 24:43:08:08.

The \_\_\_\_\_ Board of Education has held a public hearing and approved this application. It is understood that the school district must continue to comply with all other administrative rules, including chapter 24:43:10:01.

The school district will continue to submit all required accreditation reports, plans, and certifications to the South Dakota Department of Education on time.

\_\_\_\_\_  
**Signature of Supt. of Schools/Chief Educational Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Board of Education President**

\_\_\_\_\_  
**Date**

***For Department Use Only***

Received: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Department of Education Secretary's Action: \_\_\_\_ Approve      \_\_\_\_ Deny

Department Secretary's Signature: \_\_\_\_\_

Effective Date of Waiver: \_\_\_\_\_

Report Due Date: \_\_\_\_\_

**Section I – Application Details**

Instructional staff waiver is intended for: \_\_\_\_\_

Applying School District: \_\_\_\_\_

Participating Attendance Centers: \_\_\_\_\_

Local Public Hearing Date: \_\_\_\_\_

Local School Board Approval Date: \_\_\_\_\_

Date Submitted to the Department of Education: \_\_\_\_\_

**Section II - Waiver Schedule**

Intended Date for Waiver Implementation: \_\_\_\_\_

Proposed Year of Waiver: \_\_\_\_\_

**Section III - Administrative Rule to be Waived: 24:43:02:08 Plan of Intent**

Provide the following information for staff that are affected by this request for waiver:

Instructor Name	Course #	Course Name

Attach new page if more room is needed.

**Section IV - Reason for Waiver Request**

Explain the reasons the district is requesting a waiver from this administrative rule.

**Section V - Verification of Administrative Rule Intent**

Explain how the intent of the administrative rule for which the waiver is being requested will be met if the waiver is granted.

What steps will be taken by the school district to track the progress of these individuals in meeting the stated plan for full certification?

Send this completed application to the Department of Education, 800 Governors Drive, Pierre, SD 57501

For more information contact Division of Assessment & Accountability:  
Ph# 605-773-3426 or Email: [doeaccred@state.sd.us](mailto:doeaccred@state.sd.us)