

**APPLICATION for a Waiver from an Administrative Rule**

**High School Credit by Equivalency Exam**

\_\_\_\_\_ 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 24:43:11.

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 of Secretary's Signature: \_\_\_\_\_

Effective Date of Waiver (*Minimum 60 days after receipt*): \_\_\_\_\_

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

**Section I – Application Details**

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**Section II - Waiver Schedule**

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

*(This date is always July 1 for fall implementation unless the district requests and explains the reasons for an alternate date.)*

Proposed Years of Waiver: \_\_\_\_\_

*(Maximum of 5 school terms, which begin July 1 of each year.)*

**Section III - Administrative Rules to be Waived**

List the administrative rule number and title for which this waiver is being requested. Administrative rules are available online at <http://legis.state.sd.us/rules/index.aspx>.

\_\_\_\_\_

**Section IV – Course(s) for Which Exemption is Being Proposed**

\_\_\_\_\_

**Section V - Reasons for Waiver Request**

Explain the reasons the district is requesting a waiver from administrative rule. The district must explain why the plans outlined in this application will better meet local learning goals, enhance educational opportunities, promote equity, or increase accountability.

**Section VI - 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.

**Section VII – Assurance of Rigor (Where applicable)**

Describe the school district's plan for offering continuing educational opportunities in the waived content area, where applicable.

**Section VIII- Evaluation**

DOE Waiver Evaluation Policy:

All students that wish to receive high school credit for the coursework must pass an end of course exam. The following guidelines should be noted:

- 1) If the South Dakota Department of Education (DOE) has an exam available in the waived course area, the State exam should be used.
- 2) \* If an exam is not available from the State, the district may create an exam, standards-based when applicable.
- 3) A test security agreement must be signed by all district personnel who have access to the exam and must be returned to the SD DOE prior to the test dates(s). A security agreement must be filed each year, and for each exam that is given. The test security agreement must be mailed and not faxed or emailed.
- 4) The student must pass the exam with at least 85% proficiency.
- 5) The course equivalency exam must be passed on the first attempt for credit to be issued.
- 6) The school district must proctor and score the exam.
- 7) The DOE must receive a roster of participants, including the students' name, grade in school, district attendance center, and percentage on the best attempt of the completed exam before the start of the proceeding school year.

Check all that apply:

State exam will be used

Local exam will be used

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

For more information contact SD Department of Education:  
Ph# 605-773-3426 or Email: [doeaccred@state.sd.us](mailto:doeaccred@state.sd.us)