

Part 3 – Verification of Administrative Rule Waiver Intent

(a) List the school(s) the where the waiver will be utilized:

(b) List any Faculty whom the wavier covers if applicable, otherwise indicate N/A.

(c) Provide a description about the reason for requesting the waiver:

* 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.

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

PART 4 - EVALUATION

Provide a detailed description of the plan for evaluating the effectiveness of the waiver in achieving the outcomes specified in the application and contributing to the school's continual improvement:

A school district or nonpublic school or program that has been granted a waiver shall implement its plan for evaluation of the waiver as required by ARSD 24:43:08:03. A public school district that has been granted a waiver shall include a report of the waiver evaluation in its annual review of its approved five-year district improvement plan as required by ARSD 24:43:02:01 (ARSD 24:43:08:08)

The South Dakota DOE Division of Accreditation will verify that the school improvement plan includes a component for evaluating the intent of all ARSD waivers held by the school/school district.

Part 5 – Length of Waiver

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.)

Part 6 – Approval by Local School Board

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| Date(s) Presented to School Board (<i>attach board minutes</i>): | Date Approved by School Board: |
| Signature of Superintendent/CEO: | Signature of School Board President: |
| Date of Signature: | Date of Signature: |

Part 7 – Department of Education Review

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|------------------------------------|-------------------------------|
| Date Received: | Date Reviewed: |
| Name and Reviewer: | |
| <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Reason for Denial: | |
| Additional Documentation Required: | |

Part 8 – Department of Education Secretary's Action

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|----------------------------------|-------------------------------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Reason for Denial: | |
| Signature: | |

Send this completed application to the Department of Education, 800 Governors Drive, Pierre, SD 57501 or doeaccred@state.sd.us.