## DESE Commissioner Logo

## REQUEST FOR WAIVER

***Dear Colleagues:***

***It is the Department’s goal to work in partnership with you to ensure that all students reach higher levels of learning. As part of this ongoing effort, DESE provides districts and charter schools with the opportunity to request a waiver of certain state special education regulations in order to address students’ educational needs. We will do whatever possible to assist you.***

***Sincerely,***

***Russell D. Johnston***

***Acting Commissioner of Elementary and Secondary Education***

 District/Charter:

Address of School/Program(s):

Contact Person:

 Title:

Address:

Superintendent, Charter School Leader:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this waiver request form and submit any supporting documentation to:

(Districts/Charter Schools) PublicSchoolMonitoring@mass.gov

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**Request for Waiver of Instructional Grouping Age Span Requirements**

# FORM B

 **Form B Age Span 72 Months and Greater\***

**Instructional Grouping Requirements – Age Span**

**Special Education Regulation 603 CMR 28.06(6)(**f**)**

 \*NOTE: If you are applying for an age span waivers for 48-71 months **must** use Waiver Form A

|  |
| --- |
| District/Charter:  |
| School/Program(s):  |
| Address of School/Program(s):  |
| Contact Person: Title: |
| Address: |
| Telephone #: Email: |
| Name of Superintendent, Charter School Leader:  |
| Signature: Date: |

Note: The age span in any instructional grouping may not exceed 48 months\* until a requested waiver has been granted by the Department of Elementary and Secondary Education.

Before submitting, please complete the following steps and place a check mark in the boxes below to indicate your completion of each step:

[ ]  Include the program’s weekly block schedule. Indicate which time period and instructional group would be affected if

this waiver is granted.

[ ]  Include a list of students served in the classroom or instructional group.

[ ]  Include IEP goal pages for both the oldest and youngest student proposed to be served in the instructional group.

[ ]  Include a list of all program staff assigned to the instructional group, including certification areas and numbers, and full-

time/part-time status of each staff member.

[ ]  Respond to each of the following six items, attaching additional pages as needed:

1. Provide a description of the program including major program goals of students to be served.
2. Explain the basis for the conclusion that an increase in age span will provide each student in the instructional grouping with a free and appropriate public education in the least restrictive environment.
3. Provide details of other solutions that were considered and rejected as inappropriate prior to the submission of this waiver request.
4. Provide dates and written documentation of the methods by which all affected teaching staff, administrators and parents were/will be informed regarding this proposed request to increase age span.
5. Please indicate the period of time for which this age span waiver is being requested.
6. Provide information as to what steps will be taken to avoid the necessity for a request for approval of this waiver for subsequent years.

*Note*: *The Department reserves the right to request additional information depending on the circumstances of the requested age span waiver.*

Please submit your completed form to:

 Districts/Charter Schools: publicschoolmonitoring@mass.gov

Subject line: Waiver Request – (Name of School District/Charter)