

West Virginia Board of Education
Local School Improvement Council/Individual Schools: Waiver of WVBE Policy Request Form
(Incomplete forms will be returned.)

This form is to request a first-time waiver of State Board of Education policy.

This application is an LSIC/Individual School Waiver from _____ School located in _____ County for the _____ school year.

Principal's Name: _____ E-mail: _____

Contact Person: _____ Business Phone () _____ E-mail: _____

Home phone number or cell number for requests made during summer months: _____

NOTICE

Two-thirds of the Local School Improvement Council (LSIC)* members must have voted in favor of this proposed alternative when the request is from a school (§18-5A-3). Please provide the following information concerning the vote.

Date of vote _____ # of LSIC members voting _____ # of affirmative votes _____

A majority of the school's affected employee group involved must also agree. Please provide the following information:

Date of vote _____ Total # of affected staff _____ # of staff members voting _____ # of affirmative votes _____

***LSIC WAIVERS** require the LSIC to submit the original request form to their County Board of Education members (CBEM) for approval with the understanding the County Board will forward the approved proposal to the address for this application form for consideration and possible approval by WVBE.

Policy #: _____ Title _____ Section # and heading: _____

1. Check all that apply. **Reason(s) for waiver request:**

- | | |
|---|--|
| <input type="checkbox"/> Better meet or exceed the high quality standards established by the State Board. | <input type="checkbox"/> Improve the educational performance of the school generally |
| <input type="checkbox"/> Increase administrative efficiency. | <input type="checkbox"/> Promote business partnerships. |
| <input type="checkbox"/> Enhance the delivery of instructional programs. | <input type="checkbox"/> Promote student engagement in the learning process. |
| <input type="checkbox"/> Promote community involvement in the local school system. | |

2. Define the objective(s) of the proposed alternative program:

3. Describe the alternative proposal's research-based evidence:

4. How will the accomplishment of the objective(s) meet or exceed the “high-quality standards” established by the State Board?

5. How will the effectiveness of the alternate program be evaluated? (The evaluation component must be measurable and incorporate specific student achievement data including state assessment data when appropriate, (e.g., a two percentage-point increase in the number of students at or above proficiency on the West Virginia General Summative Assessment).

6. What projected funds will be saved by the alternative? How will projected savings be reallocated?

7. In the event the waiver is not approved by the West Virginia Board of Education, how will the school comply with WVBE Policy?

8. A copy of this waiver request has been submitted to the County Board of Education on this date: _____

Name and Signature of LSIC Chair Submitting Waiver: _____ Date _____

Name and Signature of County Board of Education President: _____ Date _____

** Note: If this waiver is approved, the evaluation component data must be submitted to the Assistant State Superintendent of Schools within 45 days of receipt of assessment data. This information will be compiled by the county staff per their evaluation plan in the original, approved waiver request and reported to the WV Board of Education.*

Complete this request form and submit to: West Virginia Department of Education; Attention: Assistant State Superintendent; 1900 Kanawha Boulevard, East; Building 6, Suite 700; Charleston, West Virginia 25305-0330. Phone (304) 558-0200, FAX (304) 558-6268.

All Approved waivers are in effect for one year from approval date or for the period of time requested and approved.