**THE STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-12

Khin Mai Aung, Executive Director Office of Bilingual Education and World Languages

55 Hanson Place, Room 594 89 Washington Avenue, Room 505 EB West

Brooklyn, New York 11217 Albany, New York 12234

Tel: (718) 722-2445 / Fax: (718) 722-2459 (518) 474-8775 / Fax: (518) 474-7948

**School District Waiver 2019-2020**

**One Year Exemption from Providing Bilingual Education Programs**

**in Languages other than Spanish and Chinese**

This form is to be used by school districts that are seeking an exemption from providing Bilingual Education (BE) programs in languages spoken by less than 5% of the total statewide ELL population (any language other than Spanish or Chinese\*). A district may apply for this exemption on an annual basis for no more than five consecutive years, if it does not have qualified staff to operate a BE program in a language other than Spanish or Chinese, for all eligible students at either the district level or at one or more schools that are required to offer a BE program.

In order to be granted this exemption, districts must:

1. Demonstrate the efforts that are being made to recruit qualified bilingual teachers in the languages other than Spanish and Chinese that are needed to establish bilingual programs and the plans for ongoing and intensive efforts to recruit qualified BE teachers in that language; and
2. A plan for how the district will provide alternate home language supports in the form of bilingual teacher assistants/aides and/or heritage language programs and make such home language supports available for all students who would otherwise be enrolled in a BE program.

**Fill out all required fields below and all fields that apply. Forms that are incomplete must be resubmitted or will not be considered for review.**

# Section 1. District Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | | |
| **District Name:** |  | | |
| **BEDS Code:** |  | | |
| **Street:** |  | | |
| **City:** |  | | **Zip Code:** |
| **Name of the Person Completing the Form:** |  | **Email**: | **Phone**: |
| **Title:** |  | | |

|  |  |
| --- | --- |
| 1. School year for which you are applying for the exemption: |  |
| 1. Is this the first time you are applying for the exemption?   Note: districts may be granted this exemption for **no more than five consecutive school years.** | Yes  No |
| 1. If not the first time, then indicate the number of years you have previously been granted the exemption: |  |

\*Currently, Spanish and Chinese are the only two languages that are each spoken by more than 5% of the total statewide ELL population.

# Section 2: Student and Program Information

Please provide the following information for all BE programs for which you are requesting an exemption:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School**  **Name** | **School BEDS code** | **Grade(s)** | **Language of BE Program** | **Number of currently enrolled students eligible for a BE program in this language** | **Number of teachers available in your district qualified to teach the BE program** | **Check if enrollment is lower than expected** | **Check if enrollment is higher than expected** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# Section 3: Narrative

For the questions below, you may use the fill in fields and attach documents as necessary.

1. Summarize, in detail, and provide evidence of the efforts that the district has made to recruit qualified bilingual teachers in the languages needed for the BE programs for which an exemption is sought. Include the plans that the district and the school, as applicable, have for ongoing and intensive efforts to recruit qualified bilingual teachers. This might include canvassing current staff regarding their interest in applying for certification and collaborating with local Institutions of Higher Education.

1. Submit a plan for how the district will provide alternate home language supports in the form of bilingual teacher assistants/aides and/or heritage language programs and make such home language supports available for all students who would otherwise be enrolled in a Bilingual Education program.

# Section 4: Signature/Certification

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sign this form and submit by November 30th, 2019 as follows:**  Submit electronically to: [OBEWLDocSubmit@nysed.gov](mailto:OBEWLDocSubmit@nysed.gov)  **Please place the form name and district name in the email subject heading:**  **“BE Program Waiver, <*insert* *name of LEA*>”** | | | | | | | |
| **Superintendent/Chief Administrative Officer or designee electronic signature.**  By entering your name below, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. | | | | | | | |
| **Name**: | | **Title:** | | **Date:** | | | |
| **Email:** | | | | | |  | |
|  |  | |  | |  | |  |
| **To be completed by the Office of Bilingual Education and World Languages**  **Waiver Request**  **Approved**  **Not Approved, revisions needed. Please revise and resubmit by:** | | | | | | | |
| **Comments:** | | | | | | | |