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| **Annual Evaluation Report for**  **Approved Innovative Programs** |

1. Program Description Summary: Provide a brief summary that describes the innovative waiver request and the program operated by the district/agency that would be impacted by the waiver.
2. Identify by regulatory citation the regulation(s) that were the subject of the innovative waiver.
3. Specify how many students were impacted by the innovative program waiver.
4. Provide the intended objectives (i.e., improvements or results) of this program.
5. Specify how the innovative waiver program was implemented and any changes that were made that were not otherwise specified in the original application.
6. Evaluation Design: Describe the method and provide copies of assessment tools that were used to evaluate, monitor and document the progress of the program. Indicate the criteria used to measure success.
7. Evaluation Results: Document the specific results achieved and the overall effectiveness of the waiver. Identify related or expected outcomes, such as new methods of operation, uses of new technology, cost savings or linkages with higher education, community institutions and businesses. A summary table of data on student performance should be provided.
8. Program Modifications: Indicate any request for modification or extension that may be necessary to improve or continue the program. Provide a clear rationale for any requested changes.

Name/Title of Chief School Official/Executive Director:

Signature:

Date Submitted:

Please forward the Annual Report to:

New York State Education Department

Office of Special Education

89 Washington, Avenue

Room 309 EB

Albany, NY 12234

Attention: Innovative Waiver Application

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| **FOR NYSED USE ONLY** | | | | |
| Date Received: |  | | | |
| Date Original Innovative Waiver Approved: | | |  | |
| Name of Reviewer(s): | |  | | |
| Recommendation:  Continue approval  Innovative waiver is denied. Reason:  Further information needed: (specify):  Permanent approval | | | | |
| Signature | | | | Date |
| Policy Unit | | | |  |
| Regional Office | | | |  |
| Assistant Commissioner | | | |  |