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| **Innovative Program Waiver****Application Procedures** |

Each application for an innovative program waiver from the Commissioner's Regulations must be completed on the Innovative Program Waiver Application form. Each application must include a Cover Page, Application Narrative, Statement of Consultation and a Statement of Assurance.

* The **Cover Page** of the application includes contact information and a request for consideration of the waiver. The request must be approved by the local school district Board of Education or Board of Directors/Trustees, as applicable, and signed and dated by the Superintendent of Schools, the Chancellor of the NYC Department of Education or the Executive Director of the agency, as applicable.
* The **Application Narrative** portion of the application should be a concise description of the major elements of the innovative program waiver request. It should provide the reader with a clear sense of how the waiver will lead to improved student outcomes and/or increased opportunities for interactions between students with disabilities and students without disabilities. The Narrative must be no more than five (5) single-spaced, typewritten pages. All sections of the Application Narrative must be completed.
* The **Statement of Consultation** identifying the contact information for those consulted in the development of the waiver application. Information regarding any opposition to the application must also be completed.
* A **Statement of Assurance**,which must be signed by the School Superintendent, Executive Director or District Superintendent as applicable, provides NYSED with assurance that the school has committed to the implementation of the innovative waiver as approved; has or will allocate appropriate resources to support the planned activities; will assess the impact of the planned activities; and will develop and submit annual reports to NYSED and the local community on the extent to which the innovative program waiver resulted in improved student outcomes.

**Submission and Decision Timelines**

The application must be received by NYSED at least 60 days in advance of the proposed starting date of the innovative program waiver. Upon receipt of the completed application, NYSED will issue a written decision to the district or agency within 60 days, with a copy, as appropriate, to the School Superintendent, District Superintendent of BOCES, Executive Director or, as applicable, the Chancellor of Schools of the NYC Department of Education.

**Criteria for Approval**

Approval of innovative waiver requests will be based primarily on:

* the likelihood that the innovative waiver will enhance student development and/or opportunities for students with disabilities to learn with students without disabilities;
* the extent to which the innovative waiver application identifies the benefits to the target population and describes the program’s impact on peers without disabilities (if applicable);
* the potential that the innovative waiver will allow the creation of new teaching and learning structures leading to improvement of educational programs and practices;
* the extent to which the innovative waiver application demonstrates an effective evaluation design to measure achievement of the desired learning outcomes; and
* the degree to which the innovative waiver application confirms consultation with and support by program staff, parents and others, as appropriate.

**Annual Reports**

If the Commissioner approves the innovative waiver, the district or agency must submit an **Annual Report** to the Office of Special Education no later than 30 days after the end of the first full school year and each subsequent year until a permanent waiver is approved. The Annual Report must include a detailed summary of the program and an assessment of progress toward the achievement of the desired learning outcomes as described in the waiver application. The Annual Report is the reapplication for continued approval of the innovative waiver.

NYSED will review the Annual Report to determine if the innovative waiver program is meeting its in­tended results, as stated in the innovative waiver application, regarding the integration and achievement of students with disabilities. Based on the review, the district or agency will be notified if the innovative waiver may continue or if further information or modifications to the program are necessary for continued approval of the innovative waiver. **Failure to timely submit an annual report results in the automatic termination of the innovative waiver.**

**Granting a Permanent Waiver**

A district or agency granted an innovative waiver for three consecutive school years may be granted a permanent waiver if the program has resulted in improved student achievement or enhanced opportunities for placement of students with disabilities in regular classes. A district or agency granted a permanent waiver is no longer required to submit an Annual Report. Based on a review of the annual report received after the third consecutive year of the waiver, NYSED may determine that:

* the objectives of the innovative waiver were achieved and the district or agency is granted a permanent waiver; or
* although not all of the objectives of the innovative waiver were achieved, due to the potential for positive results, the innovative waiver will be approved for an additional year with consideration of permanent approval upon the submission of an annual report the following year; or
* the major objectives of the project were not achieved, even with revisions, and the district is not granted a permanent waiver. If further information or modifications are required, NYSED will request that the district or agency submit the necessary information and/or make the modifications required.

**Written Innovative Waiver Approval Notifications**

Applicants with approved innovative waivers must retain the applications, annual report(s) and signed written notice(s) of approval for all years in which the waiver is in effect. This written notice must be available to NYSED and the public upon request.

**Termination**

If it is determined that an innovative program is not achieving the objectives established in the application or is no longer consistent with federal or State law or regulation, the waiver may be terminated by the Commissioner. The Commissioner shall provide at least 30 days' notice of a proposed termination. A district or agency that receives notice of proposed termination may submit a written response to the proposed termination, which addresses any deficiencies, to the Office of Special Education no later than five days prior to the date of termination.

**Submission**

All applications, annual reports and requests for appeal of a determination must be submitted to:

New York State Education Department

Office of Special Education

Room 309 EB

89 Washington Avenue

Albany, NY 12234

Attention: Innovative Waiver Application

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| **Innovative Program Waiver Application** |

**Section I: Cover Page**

School Name:

School District/Agency Name:

Address:

Name of Person Completing this form:

Title: Telephone:

Address:

Email:

**Statement of Assurance:**

As chief school officer, I hereby request consideration of the attached innovative waiver request. This request is based on the school district's/agency’s efforts to improve student learning outcomes in the pursuit of excellence in education. On behalf of the district/agency, I provide assurance that the attached information is accurate and that it has been shared with parents, teachers, students, administrators and, as applicable, representatives of the collective bargaining organizations of the district/agency and has been approved by the Board of Education/Board of Trustees as applicable. I further assure that the district/agency will implement the innovative waiver as approved by NYSED; allocate appropriate resources to support the planned activities; ensure the periodic assessment of the impact of the planned activities; and report its progress on achieving improved student outcomes to NYSED and the local community as appropriate.

Date of Approval by the Board of Education/Board of Directors:

Typed Name of Chief School Administrator/Superintendent

Signature of Chief School Administrator/Superintendent

Date Signed:

**Section II: Application Narrative**

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| 1. Provide a brief summary statement that describes the major characteristics of the school/school district (e.g., school size and type – preschool, elementary, middle, or high school), school and community demographics and any unique characteristics.
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| 1. Provide a concise description of the proposed innovative program (e.g., changes in current approaches, practices and programs).
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| 1. Indicate the specific regulation(s) (by citation and description) in sections 200.1, 200.6 and/or 200.16 for which an innovative waiver is requested.
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| 1. Describe how the applicable regulation(s) impede accomplishment of the proposed program.
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| 1. Identify the area(s) of student performance results targeted for improvement.
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| 1. Describe the baseline data (present level of student achievement) for each targeted area of achievement described above.
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**Section III: Evaluation, Consultation and Public Reports**

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| **Evaluation**1. Describe the method that to be used to evaluate, monitor and assess progress in achieving the desired learning and least restrictive environment outcomes and, where appropriate, the overall effectiveness of the innovative waiver in improving the school environment. Include such areas as communication, parent and teacher participation, and school practices and organization and/or enhanced opportunities for placement of students with disabilities in general education classes or programs. The evaluation must include both formative and summative components.
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| **Consultations**1. Describe how information about the innovative waiver application was shared with parents, administrators, teachers, and others, as appropriate, affected by the requested innovative waiver.
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| 1. Were any of the above groups opposed to the application?

[ ]  Yes[ ]  NoList the name(s) of the representative group(s) which opposed the waiver  Attach summary statements (no more than one page) from the representative group(s) describing the reason(s) for opposition. |
| **Reporting Procedures**1. Describe how the progress and results of the waiver will be reported to the district/agency and community.
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| **Statement of Consultation****Innovative Program Waiver Application** |

Please identify below the name and telephone numbers of representatives from the following groups who were consulted in the development of the waiver application:

Building Administrator: Telephone:

Signature: Email:

Teacher: Telephone:

Signature: Email:

Parent: Telephone:

Signature: Email:

Director of Special Education: Telephone:

Signature: Email:

**Collective Bargaining Organization(s)**

Name: Telephone:

Signature: Email:

Affiliation:

**Others, as Appropriate**

Name: Telephone:

Signature: Email:

Affiliation:

Name: Telephone:

Signature: Email:

Affiliation: