

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, you may wish 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, Ph.D.*

*Acting Commissioner of Elementary and Secondary Education*

District/Charter/Collaborative/Approved Special Education Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School(s)/Approved Special Education Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School/Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent, Charter School Leader, Collaborative or Approved Special Education School Executive Director:

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

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

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| --- | --- | --- |
| Please Check One  (and attach necessary waiver form(s)) | Insert Academic Year: | Check Form: |
| Special Education   * Age Span * Alternative Compliance * Special Ed. PAC | Academic Year: \_\_\_\_\_\_\_\_\_ | * B * C * C1 |

Please return this cover sheet by email with the appropriate waiver form(s) and supporting documentation to:

[OASES1@mass.gov](mailto:OASES1@mass.gov)

Office of Approved Special [Education](http://www.doe.mass.edu/pqa/) Schools

Machusetts Department of Elementary and Secondary Education

135 Santilli Highway, Everett, MA 02149

(781) 338.3700

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**ESE OFFICE ONLY**

Assigned Specialist: Supervisor: # WAV-