**Request for Waiver of Instructional Grouping Age Span Requirements**

**Form A 48-71 Month Age Span\***

# FORM A

**Instructional Grouping Requirements – Age Span**

 **Special Education Regulation - 603 CMR 28.06(6)(f)**

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| District/Charter/Collaborative/Approved Special Education Agency:  |
| School(s)/Approved Special Education Program(s):  |
| Address of School/Program(s):  |
| Contact Person: Title: |
| Address: |
| Telephone #: Email: |
| Name of Superintendent, Charter School Leader, Collaborative or Approved Special Education School Executive Director:  |
| Signature: Date: |

**Our District/Charter/Collaborative/Approved Special Education Agency is requesting a waiver of the 603 CMR 28.06(6)(f) regulations, in support of which I affirm the following:**

[ ]  I have reviewed:

1. the weekly block schedule that we propose to implement;

2. a list of all students in the proposed instructional grouping including their chronological and developmental ages;

3. the IEP goals for both the oldest and the youngest students in the proposed instructional grouping and have determined that the grouping is appropriate to meet the needs of all students.

[ ]  I have reviewed the staffing for the proposed instructional grouping including the number of staff persons available, certification areas, and full or part-time status and determined them to be adequate to meet the needs of the students.

**[ ]**  I have reviewed the proposed instructional grouping and determined it to be appropriate in consideration of the program’s major goals.

**[ ]**  I have determined that the proposed instructional grouping will allow all students to receive a free and appropriate public education in the least restrictive education environment.

**[ ]** I affirm that all groups affected by the proposed instructional grouping have been notified of the proposed change and this waiver request.

[ ]  This waiver request is for a maximum age span of between 48 and 71 months between the oldest and the youngest student in the proposed instructional group.

\*NOTE: If you are applying for an age span of 72 months or greater, you must submit a Form B.

Please complete the information below regarding the specific grouping(s) you are requesting a waiver for.

|  |  |
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| Program Name: |  |
| Instructional Grouping: (i.e., Classroom 5) |  |
| Period of Time Requested: |  |
| Age Span Difference: |  |