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

# FORM B

**Form B Age Span 72 Months and Greater\***

**Instructional Grouping Requirements – Age Span**

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

|  |
| --- |
| 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: |

Note: The age span in any instructional grouping may not exceed 48 months\* until a requested waiver has been granted by the Department of Elementary and Secondary Education.

Before submitting, please complete the following steps:

Include the program’s weekly block schedule. Indicate which time period and instructional group would be affected if

this waiver is granted.

Include a list of students served in the classroom or instructional group, including their chronological and developmental

ages.

Include IEP goal pages (IEP 4) for both the oldest and youngest student proposed to be served in the instructional group.

Include a list of all program staff assigned to the instructional group, including certification areas and numbers, and full-

time/part-time status.

Respond to each of the following six items, attaching additional pages as needed:

1. Provide a description of the program including major program goals of students to be served.
2. Explain the basis for the conclusion that an increase in age span will provide students a free and appropriate public education in the least restrictive environment.
3. Provide details of other solutions that were considered and rejected as inappropriate prior to the submission of this waiver request.
4. Provide dates and written documentation of the methods by which all affected teaching staff, administrators and parents were/will be informed regarding this proposed request to increase age span.
5. Please indicate the period of time for which this age span waiver is being requested (e.g., for an approved school, is this a short-term request in order to make room for a new admission).
6. Provide information as to what steps will be taken to avoid the necessity for a request for approval of this waiver for subsequent years.

*Note*: *The Department reserves the right to request additional information depending on the circumstances of the requested age span waiver.*

Please submit your completed form and all requested documentation to:

District/Charter: [publicschoolmonitoring@mass.gov](mailto:publicschoolmonitoring@mass.gov)

Approved Special Education Schools/Collaborative: [oases1@mass.gov](mailto:oases1@mass.gov)

Subject line: Waiver Request – (Name of School District, Collaborative, or Approved Special Education Agency)