

## 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, DESE provides districts, collaboratives, and approved special education school programs with the opportunity 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***

***Acting Commissioner of Elementary and Secondary Education***

District/Charter:

Address of School/Program(s): Contact Person:

Title:

Address:

**Superintendent, Charter School Leader:**

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

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

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this waiver request form and submit any supporting documentation to:

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

Massachusetts Department of Elementary and Secondary Education

135 Santilli Highway, Everett, MA 02149

781) 338.3700

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DESE Address

**Request for Waiver as provided in**

**Special Education Regulations:**

**FORM C**

**Alternative Compliance**

**603 CMR 28.03(5)**

|  |
| --- |
| School District/Charter Proposed Effective Date |
|  |

A school district, collaborative, or approved special education school program may submit in writing a proposal for approval

by the Department for the satisfaction of any requirement in 603 CMR 28.00 in a manner different from that specified in 603 CMR 28.00.

The Department may approve such proposal if it shows substantial promise of contributing to improvements in the methods for meeting the goals of 603 CMR 28.00 and if such proposal does not conflict with any provision of law. No such proposal shall be implemented until approved by the Department.

Please respond briefly to each of the following: (Attach additional information as needed.)

*The Department reserves the right to request additional information depending on the type of waiver sought.*

1. Provide a description of the proposed activity, method or approach for meeting requirements in a manner different from that specified in the regulation(s).
2. Reference all pertinent paragraphs of the special education regulations that would be affected by the implementation of the proposal.
3. Describe the circumstances that justify the request, details on other solutions that were considered and rejected as inappropriate, and specific reasons why this proposal shows substantial promise of contributing to improvements in the methods for meeting the goals of the state special education regulations.
4. Provide the educational rationale for the waiver request and anticipated benefit to students.
5. Provide information on the method(s) by which all affected teaching staff, administrators, and parents of affected students have been consulted in the development of this request for alternative compliance and will be informed of the determination.

**Please submit your completed form to:**

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

**Subject line: Waiver Request – (Name of School District/Charter)**