**Gifted Education Service Waiver Application**

| **District Information** |
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| **District Name:** |
| **District IRN:** |

| **Contact Information** |
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| **Name:** |
| **Role:** |
| **Phone Number:** |
| **Email Address:** |

| **Service Setting Information** |
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| **Grade Level(s):** |
| **Subject(s):** |
| **Building(s):** |
| **Total class size/caseload:** |
| **District class size/caseload ratios for corresponding subject(s) and grade level(s):** |

| **Service Setting for Waiver Request** **(check all that apply)** | **Reason for Waiver Request****(check all that apply)** |
| --- | --- |
| * Full-time self-contained classroom where the gifted intervention specialist is the teacher of record.
 | * Class size exceeds maximum of 20 students who are gifted.
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| * Co-teaching cluster group setting where one service provider is a gifted intervention specialist and the other service provider is a general education teacher who meets the gifted education professional development requirements per Ohio Administrative Code 3301-51-15.
 | * Cluster group exceeds maximum of 20 students who are gifted.
* Gifted intervention specialist’s caseload exceeds 80 students who are gifted.
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| * Resource room/pull-out setting where the gifted intervention specialist is not the teacher of record.
 | * Class size exceeds maximum of 20 students who are gifted.
* Gifted intervention specialist’s caseload exceeds 80 students who are gifted.
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Additional Information

Please include the following additional information when submitting the service waiver application.

1. A rationale for why the waiver is necessary.
2. A description of the implementation plan, including action steps and timeline, to bring services into full compliance.

District Assurances

* By checking this box, I assure each educator who is responsible for delivering the gifted education service(s) described in this waiver knows his or her responsibilities regarding Ohio Administrative Code 3301-51-15 and the *Operating Standards for Identifying and Serving Students Who are Gifted.*
* By checking this box, I assure the district recognizes that approved Gifted Education Service Waivers are valid only for the approved time frame.

Superintendent Signature:

Date: