

Preschool Special Education Waiver Application

Directions for completing the Waiver Application are available in the [Guidance for Waiver Application](#).

PART 1. APPLICANT AND STAFF INFORMATION

Applicant Name:	
Applicant IRN:	
Building Name:	
Preschool IRN:	
Preschool License #:	
School Year:	

Contact person who will monitor the waiver plan.

Name:		Phone:	
Position:		Email:	
Address:			
City, State, Zip:			

PART 2. PRIOR WAIVER

Have you ever received a waiver for preschool special education from the Ohio Department of Education?

Yes

No

If yes, please indicate which school year(s):

PART 3. WAIVER TYPE

Waiver type requested for (check only one) and complete corresponding section:

A. Co-Taught Class: Exceeding the maximum of eight children with disabilities (children with individualized education programs (IEPs)) enrolled in a co-taught class. (Complete Section A)

B. Public School Preschool General Education Class: Exceeding the maximum of eight children with disabilities (children with IEPs) enrolled in a public school preschool general education class (Complete Section B)

C. Itinerant Intervention Specialist Caseload: Exceeding the maximum of 20 children with disabilities (children with IEPs) on an itinerant intervention specialist's caseload. (Complete Section C)

Section A. Co-taught Class Waiver
Rule 3301-51-11(A)(1)(a)(iii)

TEACHER INFORMATION

Name	FTE	Educator License #	Classroom Name/Number	Class Schedule M T W TH F	# of hours per day
General Education Teacher:					
Intervention Specialist:					

Type of Workload (Early Childhood Intervention Specialist only)	
Intervention specialist additional class: Class Schedule (M T W TH F)	
Intervention specialist additional class: # of hours per day	
Intervention specialist additional class: Number of children with disabilities	
Intervention specialist itinerant caseload: Number of children	
Total weekly number of hours on planning/collaboration: Number of hours	

STUDENT INFORMATION

Total number of children without disabilities enrolled in the class	
Number of children in class currently on behavior plans	

Children with disabilities enrolled in the class

SSID	Age years	Age months	Disability Category	SDI* Total # of min./ week	SDI* Provider(s)	Related Service Total # of min./week	Related Service Provider(s)	1:1 aide Yes/No	
								Yes	No
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

*SDI=Specially Designed Instruction

Child with disability to be added to class (child for whom waiver applies):

SSID	Age years	Age months	Disability Category	SDI* Total # of min./week	SDI* Provider(s)	Related Service Total # of min./week	Related Service Provider(s)	1:1 aide Yes/No	
								Yes	No
								<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. Public School Preschool General Education Class Waiver
 Rule 3301-51-11(A)(1)(g)(i)(e)

TEACHER INFORMATION

General Education Teacher Name	FTE	Educator License #	Classroom Name/Number	Class Schedule M T W T H F	# of hours per day

Special Education Staff		
Does the district certify that any special education staff assigned to the child with disabilities (for which the waiver application applies) will not exceed their maximum caseloads/workloads?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

STUDENT INFORMATION

Total number of children without disabilities enrolled in the class	
Number of children in class currently on behavior plans	

Children with disabilities enrolled in the class

SSID	Age years	Age months	Disability Category	SDI Total # of min./ week	SDI Provider(s)	Related Service Total # of min./week	Related Service Provider(s)	1:1 aide Yes/No	
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>

Child with disability to be added to class (child for whom waiver applies):

SSID	Age years	Age months	Disability Category	SDI Total # of min./ week	SDI Provider(s)	Related Service Total # of min./ week	Related Service Provider(s)	1:1 aide Yes/No	
								Yes <input type="checkbox"/>	No <input type="checkbox"/>
								Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION C. Itinerant Intervention Specialist Caseload Waiver
Rule 3301-51-11(J)(9)(g)

TEACHER INFORMATION

Intervention Specialist Name	Full Time Equivalency	Educator License #

Current Workload	Number
Number of minutes per week in other assigned duties	
Number of minutes per week in travel to service locations	
Number of ½ day class sessions per week responsible as Lead Teacher	
Number of full day class sessions per week responsible as Lead Teacher	

STUDENT INFORMATION

Children on Current Itinerant Caseload

SSID	Age years	Age months	Disability Category	SDI Total # of min.	Support for School Personnel Total # of min.	Location (building/classroom, home, other)

Child to be added to caseload (child for whom waiver applies):

SSID	Age years	Age months	Disability Category	SDI Total # of min.	Support for School Personnel Total # of min.	Location (building/classroom, home, other)

PART 4: DURATION

Specific time frame for which waiver is requested by the district, not to exceed June 30 of current school year.

*Start date:

End date:

*Applicant must submit the request for a waiver within two weeks of the child's entry into the classroom as a child with a disability and/or assignment to an early childhood intervention specialist's caseload.

PART 5: PARENT NOTIFICATION

Date notice of the request for a waiver was sent to the parents of all affected students (attach a copy of that notice).

Date:

PART 6: RATIONALE FOR THE WAIVER

Describe the specific reason(s) for the waiver request. Must list option(s) attempted/considered to prevent the need for the waiver.

PART 7: WAIVER ACTION PLAN

Plan for meeting 3301-51-11: A plan and timeline must be submitted to indicate actions the district, educational service center or board of developmental disabilities will take to address the needs of every student and the action steps to avoid the need for additional waivers.

Goal:

Action Steps	Monitoring Data	Implementation Timeline

Goal:

Action Steps	Monitoring Data	Implementation Timeline

PART 8: ASSURANCES

The district superintendent assures:

Students with disabilities impacted by the waiver will receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE).

A waiver does not replace Preschool Licensing requirements Ohio Administrative Code 3301-37-01 through 3301-37-12.

The service provider has been informed of his/her responsibilities regarding the development and implementation of individualized education program (IEPs) for children served in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Operating Standards at Ohio Administrative Code 3301-51-07 and 3301-51-11.

Affected staff are appropriately certified and licensed to provide services for students impacted by the waiver.

Special provisions necessary to provide appropriate instruction during the period in which the waiver is in effect have been made to assist the students and service providers.

Appropriate equipment supplies and instructional materials in sufficient quantity are in place to support the number of students with disabilities and meet their instructional needs.

After the Ohio Department of Education has approved the waiver request, board approval will be sought, and the board will assure that services will be provided consistent with IDEA and Operating Standards.

The district, educational service center or board of developmental disabilities will submit a final report by June 30 of the current school year regarding the performance of students with disabilities impacted by the waiver and provide a written status report for the Waiver Action Plan submitted with the waiver application.

The district assures it will not submit a waiver for the same circumstance in the year following the current waiver request.

All information provided in the application is accurate.

District Superintendent's Signature	Date
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The Educational Service Center or County Board of Developmental Disabilities superintendent assures:

Students with disabilities impacted by the waiver will receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE).

All associated districts have been notified by the ESC/DD that an application for a waiver has been submitted to the Ohio Department of Education and that associated districts will be notified by the ESC/DD of the outcome of the waiver application (approved or denied).

A waiver does not replace Preschool Licensing requirements Ohio Administrative Code 3301-37-01 through 3301-37-12.

The service provider(s) has been informed of his/her responsibilities regarding the development and implementation of individualized education program (IEPs) for children served in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Operating Standards at Ohio Administrative Code 3301-51-07 and 3301-51-11.

Affected staff are appropriately certified and licensed to provide services for students impacted by the waiver.

Special provisions necessary to provide appropriate instruction during the period in which the waiver is in effect have been made to assist the students and service providers.

Appropriate equipment, supplies, and instructional materials in sufficient quantity are in place to support the number of students with disabilities and meet their instructional needs.

After the Ohio Department of Education has approved the waiver request, board approval will be sought, and the board will assure that services will be provided consistent with IDEA and Operating Standards.

The educational service center or board of developmental disabilities will submit a final report by June 30 of the current school year regarding the performance of students with disabilities impacted by the waiver and provide a written status report for the Waiver Action Plan submitted with the waiver application.

The educational service center or board of developmental disabilities assures it will not submit a waiver for the same circumstance in the year following the current waiver request. All information provided in the application is accurate.

Educational Service Center or Board of Developmental Disabilities Superintendent’s Signature	Date
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Waiver Timeline/Checklist: Use the information in the table below to make sure all required actions are completed in the required timeframe and to track what actions will be accomplished by the Ohio Department of Education.

For Applicant Use:	WAIVER TIMELINE/CHECKLIST
<input type="checkbox"/>	1. District, educational service center or board of developmental disabilities completes waiver application: Electronically signed waiver application with Parts 1-8 completed within two weeks of child's entry into the classroom and or assignment to an early intervention specialist's caseload.
<input type="checkbox"/>	2. Applicant sends parent letter: documentation that notice of waiver request was sent to parents within two weeks of child's entry into the classroom as a child with a disability and/or assignment to an early intervention specialist's caseload. Provide documentation that notice of the waiver request has been provided to the parents of every child affected by the proposed waiver. This notice must include: <ul style="list-style-type: none"> • Statement that FAPE will continue during the operation of the waiver. • How and when parents may present any concerns they have about the proposed waiver to the district of residence and Ohio Department of Education. • Information about the law regarding waivers or a statement that the information will be provided upon the parents' request. • Contact information for the person within the district to whom parents' concerns should be directed.
<input type="checkbox"/>	3. District, educational service center or board of developmental disabilities submits waiver application and parent letter (see 1 and 2 above). Return completed waiver application and parent letter by email to preschoolspecialeducation@education.ohio.gov with the subject line WAIVER. Incomplete applications will be returned.
	4. Ohio Department of Education emails district, educational service center or board of developmental disabilities to confirm receipt of application.
	5. Ohio Department of Education notifies Early Childhood Education Grant, preschool licensing and Step Up to Quality specialists that district, educational service center or board of developmental disabilities has applied for a waiver.
	6. Ohio Department of Education reviews waiver application.
	7. Ohio Department of Education notifies district, educational service center or board of developmental disabilities of decision. Ohio Department of Education will notify the contact person by email regarding the status of the waiver application within 14 business days of receiving the application.
<input type="checkbox"/>	8a. If waiver application is denied : the district, educational service center or board of developmental disabilities must be within 14 business days: <ul style="list-style-type: none"> • Provide documentation verifying compliance; OR • Provide a corrective action plan as to how the district, educational service center or board of developmental disabilities will come into compliance with the date that corrective action must be completed. Should a district or other provider fail to meet the timeline in its corrective action plan, the Ohio Department of Education may delay and ultimately move to withhold applicable state and/or federal funds.
<input type="checkbox"/>	8b. If waiver application is accepted , the district, educational service center or board of developmental disabilities emails the Final Report to the Ohio Department of Education: preschoolspecialeducation@education.ohio.gov with the subject line Waiver Final Report by June 30 of the current school year.
	9. Ohio Department of Education confirms receipt of Final Report
	10. Ohio Department of Education confirms Final Report for Waiver has been "Closed" or Final Report criteria has not been met and will need to be resubmitted.

SUBMISSION

Return the completed waiver application and required documentation by email to preschoolspecialeducation@education.ohio.gov with the word **Waiver** in the subject line.