# Gifted Education Service Waiver Application

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

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

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

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| **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. |
| * 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. |
| * 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. |

## 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 for only the approved time frame.

Superintendent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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