

# Gifted Education Service Waiver Application

## District Information

**District Name:**  
**District IRN:**

## Contact Information

**Name:**  
**Role:**  
**Phone Number:**  
**Email Address:**

## 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):**

<b>Service Setting for Waiver Request (check all that apply)</b>	<b>Reason for Waiver Request (check all that apply)</b>
<input type="checkbox"/> Full-time self-contained classroom where the gifted intervention specialist is the teacher of record.	<input type="checkbox"/> Class size exceeds maximum of 20 students who are gifted.
<input type="checkbox"/> 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.	<input type="checkbox"/> Cluster group exceeds maximum of 20 students who are gifted. <input type="checkbox"/> Gifted intervention specialist's caseload exceeds 80 students who are gifted.
<input type="checkbox"/> Resource room/pull-out setting where the gifted intervention specialist is not the teacher of record.	<input type="checkbox"/> Class size exceeds maximum of 20 students who are gifted. <input type="checkbox"/> 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 only for the approved time frame.

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

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