REQUEST FOR

CAREER AND TECHNICAL EDUCATION

NON-STANDARD COURSE WAIVER

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| **APPLICANT INFORMATION** |
| **1. Corporation Name:**      | **2. Corporation Number:**      |
| **3. Street Address:** | **4. City:**      | **5. Zip Code:**      |
| **6. School Name:** | **7. School Number:** |
| **8. Local Contact Person:**      | **9. Title:**       |
| **10. Phone #:** | **11. E-Mail:**      |

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| **REQUEST TYPE** |
| **Initial Request****[ ]**  | **Extension of a Previous Approval****[ ]**  | **Amendment to a Previous Approval****[ ]**  |
| **WAIVER TYPE** |
| **Pilot Course Proposal****[ ]**  | **Licensure Proposal****[ ]**  | **Course Proposal and Licensure****[ ]**  |
| **Special Topics Course Proposal****[ ]**  | **Advanced CTE: College Credit Proposal****[ ]**  | **Waiver of CTE Course Requirements****[ ]**  |

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| **AUTHORIZATION** |
| ***Attach documentation (School Board minutes) of the governing body’s authorization to seek the requested Approval of State Board of Education Rules.***  |
| ***Superintendent’s Name***       | ***Date***      |
| ***Signature***       |
| ***Area CTE Director’s Name (if applicable)*** | ***Date*** |
| ***Signature*** |

If you are only requesting a licensure waiver, only the Licensure Waiver Information section needs to be completed.

Questions regarding CTE Non-standard Course Waivers may be directed to Anthony Harl: aharl1@gov.in.gov.

The Office of CTE may take up to 21 days to review and to approve or deny waiver requests. A denied waiver request may be appealed to the Governor’s Workforce Cabinet.

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| **CTE COURSE PROPOSAL INFORMATION** |
| ***By submitting this application, you are requesting a waiver from* 511 IAC 6.1-5-4.5 *for a CTE related course.*** |
| **Title of Proposed Course(s):** |  |
| **Grade(s) to be served:** |  | **Number of students participating** |  |
| **If a single course, give length of course in semesters/trimesters with minutes of Instruction:** | **Number of Semesters/Trimesters** |  |
| **Minutes per Course** |  |
| **Minutes per Week** |  |
| **If High School Course, Give Number of Credits Offered:** | **Number of Credits** |  |
| **Describe the purpose of the proposed course and/or curriculum program. Include how the proposed course or curriculum program will more effectively serve the needs of the students.**  |
|       |
| **Describe the content of the proposed course. Attach any supporting materials, including course outlines. No more than 5 pages.** |
|       |
| **Describe the planning process. Include the extent of community, staff, and student involvement.** |
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| **Describe how the effectiveness of the program will be evaluated. Especially the effects on learning outcomes. Evaluation of student progress, e.g., SAT, ISTEP+, iLearn, other norm referenced or criterion referenced scores, performance based assessment, informal type assessments, portfolios, etc.** |
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| **COURSE REQUIREMENT INFORMATION** |
| ***By submitting this application, you are requesting a waiver to offer a CTE course without meeting course requirements as listed in the state-approved Course Titles and Descriptions.***  |
| **Title of Course(s):** |  |
| **Grade(s) to be served:** |  | **Number of students participating** |  |
| **If a single course, give length of course in semesters/trimesters with minutes of Instruction:** | **Number of Semesters/Trimesters** |  |
| **Minutes per Course** |  |
| **Minutes per Week** |  |
| **If High School Course, Give Number of Credits Offered:** | **Number of Credits** |  |
| **Describe the course requirement that would be waived and the reason for the waiver request. Include how the waiver to CTE course requirements will more effectively serve the needs of the students.**  |
|       |
| **Describe the steps that will be taken in order to meet course requirements in future years.**  |
|       |
| **Describe how the impact of this waiver will be evaluated. Especially the effects on learning outcomes.**  |
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| **LICENSURE WAIVER INFORMATION** |
| ***By submitting this application, you are requesting a waiver from* 515 IAC 8-1** |
| **Teacher Name** |       | **License Number** |       |
| **Currently Content Areas on License** |       |
| **Requested Course Number** |       | **Requested Course Title** |       |
| **Describe education, work experience, and/or training that qualifies the teacher to teach outside the licensed area.** |
|       |
| **Describe efforts to find a properly licensed teacher. Why was the above teacher chosen?** |
|       |
| **If this is a renewal of a previously approved wavier, what efforts have been made to obtain appropriate licensure?** |
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Submit application by email to: Anthony Harl: aharl1@gov.in.gov