*****Massachusetts Department of***

***Elementary and Secondary Education***

### 75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000 TTY: N.E.T. Relay 1-800-439-2370

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| Jeffrey C. Riley*Commissioner* |  |

REQUEST FOR WAIVER

*Dear Colleagues:*

*It is the Department’s goal to work in partnership with you to ensure that all students reach higher levels of learning. As part of this ongoing effort, you may wish to request a waiver of certain state special education regulations in order to address students’ educational needs. We will do whatever possible to assist you.*

*Sincerely,*

*Jeffrey C. Riley*

*Commissioner of Elementary and Secondary Education*

District/Charter/Collaborative/Approved Special Education Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School(s)/Approved Special Education Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School/Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent, Charter School Leader, Collaborative or Approved Special Education School Executive Director:

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

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Please Check One(and attach necessary waiver form(s)) | Insert Academic Year: | Check Form: |
| Special Education* Age Span
* Alternative Compliance
* Special Ed. PAC
 | Academic Year: \_\_\_\_\_\_\_\_\_ | * B
* C
* C1
 |

Please return this cover sheet by email with the appropriate waiver form(s) and supporting documentation to:

compliance@doe.mass.edu

[Problem Resolution System Office](http://www.doe.mass.edu/pqa/prs/)

Office of Approved Special [Education](http://www.doe.mass.edu/pqa/) Schools

Machusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, MA 02148

(781) 338.3700

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**ESE OFFICE ONLY**

Assigned Specialist: Supervisor: PRS # WAV-

Date Assigned: Date Due: (Circle one) Approved/Denied Date: