## PINELLAS COUNTY SCHOOLS REQUEST FOR WAIVER OF SCHOOL BOARD POLICY OR PROCEDURE



Plea	se Type (See back for general directions) WAIVER IMPLEMENTATION YEAR/	
[1]	SCHOOL: PRINCIPAL:	
	CONTACT PERSON: PHONE:	
[2a]	SPECIFIC NUMBER AND SECTIONS OF SCHOOL BOARD POLICY TO BE WAIVED (attach a highlighted copy of policy or procedure):	f the
[2b]	THIS WAIVER RELATES TO S.I.P. GOAL/PROCESS:	
[3]	DESCRIBE THE CURRENT SITUATION AS IT RELATES TO YOUR WAIVER REQUEST, INCLUDING BASELINE MEASUREMENT DATA.	
[4]	DESCRIBE THE GOALS YOU WISH TO ACHIEVE AS A RESULT OF THIS WAIVER AND HOW THESE GOALS TO THE DISTRICT STRATEGIC PLAN, STUDENT PROGRESSION PLAN, AND OVERALL STUDENT ACHIEVEMENT.	
[5]	DESCRIBE THE INNOVATION, INCLUDING APPLICABLE SUPPORTIVE RESEARCH FINDINGS, DEMOGRAINFORMATION, AND PROPOSED CHANGES AND IMPLEMENTATION PROCEDURES.	'HIC
[6]	DESCRIBE HOW THE CURRENT SCHOOL BOARD POLICY OR PROCEDURE IS A RESTRICTION.	
[7]	DESCRIBE HOW STUDENT ACHIEVEMENT WILL BE MEASURED, EVALUATED AND REPORTED. PROVIDE TIMELINES FOR EVALUATION.	

[8]	DESCRIBE HOW THE IMPROVEMENT THAT TAKES PLACE AS A RESULT OF THE WAIVER WILL BE REPORTED.
[9]	THE FILING OF THIS REQUEST HAS BEEN AUTHORIZED BY THE SCHOOL AND THE SCHOOL ADVISORY COUNCIL.
	PRINCIPAL'S SIGNATURE
	SAC CHAIRPERSON'S SIGNATURE
	DATE WAIVER REQUEST APPROVED BY SAC SUBMITTAL DATE
[10]	TO BE COMPLETED BY DISTRICT:
	Date Received: Date Entered in Database:
	Review Date: Result?
	School Board Workshop Scheduled? Yes No If yes, Date
	School Board Agenda Date Approved
	Notes:
	ADDITIONAL PAGES, APPROPRIATELY CODED, MAY BE ATTACHED TO THIS FORM IF NEEDED.
	PLEASE RETURN WAIVER REQUEST FORM TO: ASSOCIATE SUPERINTENDENT, TEACHING AND LEARNING SERVICES

ASSOCIATE SUPERINTENDENT, TEACHING AND LEARNING SERVICES PINELLAS COUNTY SCHOOLS ADMINISTRATION BUILDING ALSO SEND A COPY TO YOUR AREA SUPERINTENDENT AND INCLUDE A COPY IN YOUR SIP AT YOUR SCHOOL SITE.