

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



Please 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 the policy or procedure): _____	
[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 RELATE TO THE DISTRICT STRATEGIC PLAN, STUDENT PROGRESSION PLAN, AND OVERALL STUDENT ACHIEVEMENT.	
[5] DESCRIBE THE INNOVATION, INCLUDING APPLICABLE SUPPORTIVE RESEARCH FINDINGS, DEMOGRAPHIC INFORMATION, AND PROPOSED CHANGES AND IMPLEMENTATION PROCEDURES.	
[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
PINELLAS COUNTY SCHOOLS ADMINISTRATION BUILDING
ALSO SEND A COPY TO YOUR AREA SUPERINTENDENT
AND INCLUDE A COPY IN YOUR SIP AT YOUR SCHOOL SITE.