Alternative Education COOP Waiver

A school district with fewer than ten eligible students that seeks to operate its own Alternative Education program, rather than participate in a cooperative agreement, must request a waiver from the State Board of Education by **September 1** of the applicable school year.

Please submit this request to: Missy.Corn@sde.ok.gov AND Leslie.Frazier@sde.ok.gov

Oklahoma State Statue

70 O.S. § 1210.568(I)

Statewide System of Alternative Education Programs Rules and Regulations

Any school district submitting a plan for an alternative education program serving fewer than ten students shall enter into a cooperative agreement with another school district to jointly provide the program unless the program has been granted a waiver from this requirement by the State Board of Education.

Section 1:

Submit a cover letter on school letterhead with the superintendent's signature with a brief explanation of the request for the waiver.

- Please state if you have an approved AltEd program and are asking to serve 1 to 10 students and not co-op with another districts **OR** you will be serving zero students and will not have an alternative education program.

Section 2:

Complete the waiver form with signatures from the superintendent, board president signature, and notary.

Section 3:

Complete all questions in section 3 and add any supporting documentation.

Section 2:

School Year(s): 20 ____ - 20____

County: _____

School District: _____

School District Mailing Address: _____

City: _____ Zip Code: _____

School Site Name: _____

Principal(s) Signature(s):

1. _____ Date:_____

2. _____ Date:_____

3. _____ Date: _____

Superintendent Name (Print): _____

Superintendent E-mail: _____

Superintendent Signature:_____

Date:_____

I hereby certify that this Alternative Education COOP Waiver application was approved by our local board of education at the meeting on _____.

Board President Signature: _____

Notary Seal: _____

Notary Date: _____

Commission Expiration Date: _____

Section 3:

1. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to coop with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

2. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your alternative education program, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and the result of the previous year's alternative education audit.

3. Have you participated in an alternative education coop previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.

4. Describe the method used to assess or evaluate the effectiveness of the plan for both staff and students (e.g., TLE, ACT scores, graduation rates, RSA data, School Report Card indicators) and explain the educational impact on the district, including effects on student performance levels and projected graduation rates.

OSDE Official Use Only

Date Received: _____

Recommended for Board Approval: _____ Not Recommended for Board Approval: _____

Board Meeting Date: _____

Approved: _____

Denied: _____

Date Sent to District: _____

Notes to Distrct_____