

Texas Education Agency  
Division of NCLB Program Coordination  
Application for Individual Ed-Flex Programmatic Waiver  
School Year 2009-2010

Co-Dist No. \_\_\_\_\_

Page 1 of 5

|   |
|---|
| <hr/> <b>Waiver Number</b><br>(Assigned by TEA) |
|---|

**Application Deadlines:**

June 1, 2009, for a July 1, 2009, start date

August 15, 2009, for an October 1, 2009, start date

Applications will NOT be accepted at any other time for school year 2009-2010.

**Instructions:**

This application is for Individual Programmatic Waivers only. Complete a **separate application** for each Individual Programmatic Waiver requested. The applicant will be notified of their waiver status (approval, approval with changes, denial) within 45 days of the application deadline.

Do NOT use this application form to request a Title I, Part A Schoolwide Eligibility or Excessive Roll Forward Waiver. A separate process for applying for these waivers is initiated through the **original** Consolidated Application for Federal Funding in eGrants (SAS-NCLBAA10). A separate form (available at <http://www.tea.state.tx.us/edflex>) will be submitted during the negotiation of the SAS-NCLBAA10 to complete the Schoolwide Eligibility Waiver request. The roll forward waiver is requested in the original submission of the application by completing the Title I, Part A Roll Forward Waiver Schedule.

**Authority for Data Collection:** P.L. 106-25, as amended by P.L. 107-110; TEC 7.056(g)

**Planned Use of Data:** To grant waivers of federal law or regulation and associated state law or rule.

**Submission:** Submit one completed application per waiver request to:

Division of NCLB Program Coordination  
Texas Education Agency  
1701 North Congress Avenue  
Austin, Texas 78701-1494

Telephone: 512-463-9374  
Facsimile: 512-305-9447  
<http://www.tea.state.tx.us/edflex>  
e-mail: [nclb@tea.state.tx.us](mailto:nclb@tea.state.tx.us)

**Part 1: General Information**

Applications received by June 1, 2009, will be considered by the Texas Ed-Flex Committee in June, 2009. Applications received by August 15, 2009, will be considered by the Committee at the September 2009 meeting. The person listed below as the LEA's Ed-Flex Contact must be available for telephone consultation on the date the Committee is scheduled to consider this waiver in case the Committee has questions.

LEA Ed-Flex Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

LEA Name \_\_\_\_\_

Typed Name of Superintendent: Dr. Mr. Ms. \_\_\_\_\_

**Part 2: Type of Individual Programmatic Waiver Requested**

1. A. Districtwide waiver:

- Title I, Part A Campus Allocations [P.L.107-110, Section 1113(c)(1)]
- Title I, Part A 125% Special Allocation Rule [P.L. 107-110, Section 1113(c)(2)]
- Other: Specify the provision to be waived: P.L. \_\_\_\_\_, Section \_\_\_\_\_

OR

B. Campus-specific waiver: If the waiver is Campus-specific, indicate the campus name and number.

Campus Name \_\_\_\_\_ Campus Number \_\_\_\_\_

- Title I, Part A Campus Eligibility [P.L. 107-110, Section 1113(a)(2)(B)]
- Other: Specify the provision to be waived: P.L. \_\_\_\_\_, Section \_\_\_\_\_

2. Indicate the program(s) affected by the waiver requested in this application:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Title I, Part A            | <input type="checkbox"/> Title II, Part A, Subpart 2  | <input type="checkbox"/> Title V, Part A  |
| <input type="checkbox"/> Title I, Part B, Subpart 3 | <input type="checkbox"/> Title II, Part A, Subpart 3  | <input type="checkbox"/> Carl D. Perkins Vocational and Technical Education Act of 1998 |
| <input type="checkbox"/> Title I, Part C            | <input type="checkbox"/> Title II, Part D, Subpart 1  |   |
| <input type="checkbox"/> Title I, Part D            | <input type="checkbox"/> Title III, Part B, Subpart 4 |   |
| <input type="checkbox"/> Title I, Part F            | <input type="checkbox"/> Title IV, Part A, Subpart 1  |   |

**Part 3: Public Comment**

How did the LEA publicize the request for this waiver and receive comments?

- Newspaper
- LEA/Campus Newsletters
- School Board Meeting
- Press Release
- LEA/Campus Website
- Other (Specify) \_\_\_\_\_

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LEA Ed-Flex Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

LEA Name \_\_\_\_\_

Typed Name of Superintendent: Dr. Mr. Ms. \_\_\_\_\_

**Part 2: Type of Individual Programmatic Waiver Requested**

1. A. Districtwide waiver:

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- Other: Specify the provision to be waived: P.L. \_\_\_\_\_, Section \_\_\_\_\_

OR

B. Campus-specific waiver: If the waiver is Campus-specific, indicate the campus name and number.

Campus Name \_\_\_\_\_ Campus Number \_\_\_\_\_

- Title I, Part A Campus Eligibility [P.L. 107-110, Section 1113(a)(2)(B)]
- Other: Specify the provision to be waived: P.L. \_\_\_\_\_, Section \_\_\_\_\_

2. Indicate the program(s) affected by the waiver requested in this application:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Title I, Part A            | <input type="checkbox"/> Title II, Part A, Subpart 2  | <input type="checkbox"/> Title V, Part A  |
| <input type="checkbox"/> Title I, Part B, Subpart 3 | <input type="checkbox"/> Title II, Part A, Subpart 3  | <input type="checkbox"/> Carl D. Perkins Vocational and Technical Education Act of 1998 |
| <input type="checkbox"/> Title I, Part C            | <input type="checkbox"/> Title II, Part D, Subpart 1  |   |
| <input type="checkbox"/> Title I, Part D            | <input type="checkbox"/> Title III, Part B, Subpart 4 |   |
| <input type="checkbox"/> Title I, Part F            | <input type="checkbox"/> Title IV, Part A, Subpart 1  |   |

**Part 3: Public Comment**

How did the LEA publicize the request for this waiver and receive comments?

- Newspaper
- LEA/Campus Newsletters
- School Board Meeting
- Press Release
- LEA/Campus Website
- Other (Specify) \_\_\_\_\_

**Part 4: Waiver Description**

1. Describe the provision to be waived: \_\_\_\_\_  
\_\_\_\_\_

2. Is there a specific State Law or Rule that needs to be waived in conjunction with the Ed-Flex Waiver?  
 Yes     No    If yes, specify: \_\_\_\_\_

3. Number of years for which waiver is requested: Check one.     1 year     2 years     3 years

4. If this waiver is granted, what will be done that is **different** from what is currently required under law or regulation?

5. What are the LEA's (or campus's) measurable, educational goals for improving student performance in each of the years the waiver would be in effect?

6. How will this waiver assist the LEA in reaching these educational goals?

**Part 7: Certification**

The effectiveness of the waiver will be evaluated based on criteria to be determined by the Texas Ed-Flex Committee.

The signatures below indicate the LEA's understanding that if the evaluation criteria established by the Ed-Flex Committee are not met at the end of the period for which the waiver is approved, the LEA/campus is not eligible to reapply for this same waiver under the state's current Ed-Flex waiver authority.

\*Signature of Teacher on SBDM Committee \_\_\_\_\_ Date Signed \_\_\_\_\_

\*Signature of Parent on SBDM Committee \_\_\_\_\_ Date Signed \_\_\_\_\_

\*Signature of Chairperson of SBDM Committee \_\_\_\_\_ Date Signed \_\_\_\_\_

\*\*Signature of Campus Principal \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date Signed \_\_\_\_\_

Date of Approval by LEA Board of Trustees \_\_\_\_\_

\*For districtwide waivers, this refers to the LEA's Site-Based Decision Making Committee; for campus-specific waivers, this refers to the campus' Site-Based Decision Making Committee.

\*\*The campus principal's signature is only required for campus-specific waivers.

**Part 4: Waiver Description**

1. Describe the provision to be waived: \_\_\_\_\_  
\_\_\_\_\_

2. Is there a specific State Law or Rule that needs to be waived in conjunction with the Ed-Flex Waiver?  
 Yes     No    If yes, specify: \_\_\_\_\_

3. Number of years for which waiver is requested: Check one.     1 year     2 years     3 years

4. If this waiver is granted, what will be done that is **different** from what is currently required under law or regulation?

5. What are the LEA's (or campus's) measurable, educational goals for improving student performance in each of the years the waiver would be in effect?

6. How will this waiver assist the LEA in reaching these educational goals?

**Part 5: Evaluation Requirements**

Ed-Flex offers the opportunity for additional flexibility in exchange for additional accountability. Each Ed-Flex waiver that is granted must be evaluated based on strict evaluation criteria. The Texas Ed-Flex Committee will establish the evaluation criteria appropriate to each type of Individual Programmatic Waiver requested. The criteria will be detailed in the waiver approval letter. At the end of the waiver period, the effectiveness of the waiver will be evaluated based on these criteria. If the LEA wishes to reapply for the same waiver at the end of the waiver period, the application will be considered only if the evaluation criteria for the previous waiver were met.

**Part 6: Assessment of Previous Waiver**

If an LEA is applying to renew a waiver that expires at the end of the 2008-2009 school year, the LEA **MUST** provide data to demonstrate that the evaluation criteria as described in the LEA's waiver approval letter have been met. Attach additional pages as necessary. This part is NOT APPLICABLE to those LEAs that did not have a waiver in the previous year.



**Part 7: Certification**

The effectiveness of the waiver will be evaluated based on criteria to be determined by the Texas Ed-Flex Committee.

The signatures below indicate the LEA's understanding that if the evaluation criteria established by the Ed-Flex Committee are not met at the end of the period for which the waiver is approved, the LEA/campus is not eligible to reapply for this same waiver under the state's current Ed-Flex waiver authority.

\*Signature of Teacher on SBDM Committee \_\_\_\_\_ Date Signed \_\_\_\_\_

\*Signature of Parent on SBDM Committee \_\_\_\_\_ Date Signed \_\_\_\_\_

\*Signature of Chairperson of SBDM Committee \_\_\_\_\_ Date Signed \_\_\_\_\_

\*\*Signature of Campus Principal \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date Signed \_\_\_\_\_

Date of Approval by LEA Board of Trustees \_\_\_\_\_

\*For districtwide waivers, this refers to the LEA's Site-Based Decision Making Committee; for campus-specific waivers, this refers to the campus' Site-Based Decision Making Committee.

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