Expanded Options

ORS 340

Request for Program Waiver

**Requesting School District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Waiver Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver Requested for School Year(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Maximum of two school years per request)

**Reason for Waiver Request:** *(please check at least one of the numbered items below and identify supporting evidence / documentation in the space provided)*

* **1. Adverse Financial Impact:** For the purposes of this waiver determination, Adverse Financial Impact means “a decline in financial resources that would substantially impact the education program the district offers to all students.”

**List and attach supporting evidence** submitted by or on behalf of the requesting school district (e.g. board resolutions, financial statements, news accounts, expert testimonials, etc.)

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* **2.** **Current Accelerated College Credit Programs:** The school district offers high school-based college credit programs, an advanced placement program, an International Baccalaureate program or any other accelerated college credit program (ORS 340.083). Additionally, in order to receive an Expanded Options Program Waiver the school district must demonstrate and document the following:

(B) Ensures that at-risk students who participate in the accelerated college credit programs are not required to make any payments for participation in the programs; and

(C) Has a process for participation in the programs that allows:

(i) All at-risk students who are eligible students to participate in the programs;

**List and attach supporting evidence** submitted by or on behalf of the requesting school district (e.g. board resolutions that address “at-risk students”, notices in student and parent handbooks, current year course catalogs indicating courses eligible for accelerated college credit, schedules, planned course statements, school or district web pages, etc.)

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Explanation of Waiver Request: (Use additional pages as necessary.)

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As a representative of the school district submitting a waiver request as provided by ORS 340, I understand the Department of Education will make one of the following waiver determinations:

**Waiver Granted**—school district is granted a waiver of the requirements of ORS 340 Expanded Options Program for a period of two school years based on Adverse Financial Impact. Additional waivers may be granted for up to two school years, pending receipt of a new waiver request and accompanying supporting evidence / documentation. There is no limit on the number of times a district may apply and be granted such a waiver.

***OR***

**Waiver Granted**—school district is granted a waiver of the requirements of ORS 340 Expanded Options Program for a period of two school years based on “The school district offers high school-based college credit programs, an advanced placement program, an International Baccalaureate program or any other accelerated college credit program (ORS 340.083)” and the school district Ensures that at-risk students who participate in the accelerated college credit programs are not required to make any payments for participation in the programs. The waiver will be renewed based on the continuation of the programs documented. A resubmission of the Expanded Options Program Waiver Form and supporting evidence will be required for waiver renewal.

***OR***

**Waiver Denied Pending Receipt of Supporting Evidence / Documentation**—school district must provide supporting evidence or clarifying information of either Adverse Financial Impact or current Accelerated College Credit Programs. The district may re-apply for a waiver with appropriate documentation.

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

 *Authorized School District Representative and Title Date*

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 Printed Name and Title

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this waiver request to:

**Jennifer Patterson**

Assistant Superintendent

Oregon Department of Education

Office of Teaching, Learning & Assessment

255 Capitol Street NE

Salem OR 97310

Jennifer.Patterson@ode.state.or.us