# **Preschool Special Education**

# **Waiver Application**

Before completing the application, applicants must review the [Guidance for Waiver Application](https://education.ohio.gov/getattachment/Topics/Early-Learning/Preschool-Special-Education/Guidance-for-PSE-Waiver-Application-Guidance-DEC23-DCY.pdf.aspx?lang=en-US) to ensure that the application meets all requirements. Applications that do not follow the Guidance for Waiver Application requirements will not be accepted.

Part 1. APPLICANT and staff information

|  |  |
| --- | --- |
| **Applicant Name:** | Click or tap here to enter text. |
| **Applicant IRN:** | Click or tap here to enter text.  |
| **Building Name:** | Click or tap here to enter text. |
| **Preschool IRN:** | Click or tap here to enter text. |
| **Preschool License #:** | Click or tap here to enter text. |
| **District of Residence IRN** **for child to be added to classroom/caseload:** | Click or tap here to enter text. |
| **School Year Start Date:** | Click or tap to enter a date.  | **School Year End Date:** | Click or tap to enter a date. |

**FOR APPLICANT: Contact person who will monitor the waiver action plan.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **City, State, Zip:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

If applicant is NOT the District of Residence for the child to be added to classroom/caseload, then also provide:

**Contact person at the district of residence who is responsible for preschool special education.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **City, State, Zip:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

PART 2. prior waiver

Have you ever received a waiver for preschool special education for co-taught class, general education class or itinerant intervention specialist caseload?

 [ ]  **Yes** [ ]  **No** If yes, please indicate which school year(s):

PART 3. WAIVER TYPE

Waiver type requested for (check only one) and complete corresponding section:

1. [ ] **Co-Taught Class**: Exceeding the maximum of eight children with disabilities (children with individualized education programs (IEPs)) enrolled in a co-taught class. (Complete Section A)
2. [ ] **Public School Preschool General Education Class**: Exceeding the maximum of eight children with disabilities (children with IEPs) enrolled in a public school preschool general education class (Complete Section B)
3. [ ] **Itinerant Intervention Specialist Caseload**: Exceeding the maximum of 20 children with disabilities (children with IEPs) on an itinerant intervention specialist’s caseload. Or for an intervention specialist classroom teacher responsible for up to five half-day class sessions (e.g., five morning sessions per week) or up to three full-day class sessions, exceeding the maximum of up to eight additional children on an itinerant caseload. Or for an intervention specialist classroom teacher responsible for six or seven half-day class sessions (e.g., three morning and four afternoon sessions per week), exceeding the maximum of up to four additional children on an itinerant caseload. (Complete Section C)

**Section A. Co-taught Class Waiver**

Rule 3301-51-11(A)(1)(a)(iii)

**TEACHER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **FTE** | **Educator License #** | **Classroom****Name/Number** | **Class** **Schedule****M T W TH F** | **# of hours** **per day** |
| **General Education Teacher:**      |       |       |       |       |    |
| **Intervention Specialist:**      |       |       |

|  |  |
| --- | --- |
| **Type of Workload**(Early Childhood Intervention Specialist only) |  |
| Intervention specialist additional class: Class Schedule (M T W TH F) |       |
| Intervention specialist additional class: # of hours per day |       |
| Intervention specialist additional class (Number of children with disabilities) |       |
| Intervention specialist itinerant caseload (Number of children) |       |
| Total weekly number of hours on planning/collaboration (Number of hours) |       |

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Classroom meets Preschool Licensing rules for:** |  |
| * Physical space requirements
 | [ ]  YES | [ ]  NO |
| * Maximum class size
 | [ ]  YES | [ ]  NO |
| * Ratio of children with disabilities to children without disabilities
 | [ ]  YES | [ ]  NO |
| * Ratio of staff to children
 | [ ]  YES | [ ]  NO |

|  |  |
| --- | --- |
|  | **Number** |
| Total number of children without disabilities enrolled in the class |     |
| Number of children in class currently on behavior plans |     |

**Children with disabilities enrolled in the class**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SSID** | **Age**years | **Age**months | **Disability Category** | **SDI\*****Total #** **of min./****week** | **SDI\*****Provider(s)** | **Related Service****Total #** **of min./****week** | **Related****Service Provider(s)** | **1:1 aide****Yes/No** |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |

**\*SDI**=Specially Designed Instruction

**Child with disability to be added to class (child for whom waiver applies):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SSID** | **Age**years | **Age**months | **Disability Category** | **SDI\*****Total #** **of min./****week** | **SDI\*****Provider(s)** | **Related Service****Total #** **of min./****week** | **Related****Service Provider(s)** | **1:1 aide****Yes/No** |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |

**SECTION B. Public School Preschool General Education Class Waiver**

Rule 3301-51-11(A)(1)(g)(i)(e)

**TEACHER INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **General Education Teacher Name** | **FTE** | **Educator License #** | **Classroom Name/Number** | **Class Schedule****M T W TH F** | **# of hours** **per day** |
|        |      |       |        |  |       |

|  |
| --- |
| **Special Education Staff** |
| Does the district certify that any special education staff assigned to the child with disabilities (for which the waiver application applies) will not exceed their maximum caseloads/workloads? | [ ]  YES | [ ]  NO |

**STUDENT INFORMATION**

|  |
| --- |
| **Classroom meets Preschool Licensing rules for:**  |
| * Physical space requirements
 | [ ]  YES | [ ]  NO |
| * Maximum class size
 | [ ]  YES | [ ]  NO |
| * Ratio of children with disabilities to children without disabilities
 | [ ]  YES | [ ]  NO |
| * Ratio of staff to children
 | [ ]  YES | [ ]  NO |

|  |  |
| --- | --- |
|  | **Number** |
| Total number of children without disabilities enrolled in the class |       |
| Number of children in class currently on behavior plans |       |

**Children with disabilities enrolled in the class**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SSID** | **Age**years | **Age**months | **Disability Category** | **SDI\*****Total #** **of min./****week** | **SDI\*****Provider(s)** | **Related Service****Total #** **of min./****week** | **Related****Service Provider(s)** | **1:1 aide****Yes/No** |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |

**\*SDI**=Specially Designed Instruction

**Child with disability to be added to class (child for whom waiver applies):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SSID** | **Age**years | **Age**months | **Disability Category** | **SDI\*****Total #** **of min./****week** | **SDI\*****Provider(s)** | **Related Service****Total #** **of min./****week** | **Related****Service Provider(s)** | **1:1 aide****Yes/No** |
|       |   |    |       |     |       |     |       | [ ]  YES | [ ]  NO |

**SECTION C. Itinerant Intervention Specialist Caseload Waiver**

Rule 3301-51-11(J)(9)(g)

**TEACHER INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Intervention Specialist Name** | **Full Time Equivalency** | **Educator License #** |
|   |   |   |

|  |  |
| --- | --- |
| **Current Workload** | **Number** |
| Number of minutes per week in other assigned duties |   |
| Number of minutes per week in travel to service locations |   |
| Number of ½ day class sessions per week responsible as Lead Teacher |   |
| Number of full day class sessions per week responsible as Lead Teacher |   |

**STUDENT INFORMATION**

**Children on Current Itinerant Caseload**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  SSID  | Ageyears | Agemonths | Disability Category | SDITotal # of min./week | Support for School PersonnelTotal # of min. | Location(building/classroom, home, other) |
|       |   |    |       |     |       | Click or tap here to enter text. |
|        |   |    |        |     |       | Click or tap here to enter text.  |
|       |   |    |       |     |       | Click or tap here to enter text.  |
|        |   |    |        |     |       | Click or tap here to enter text. |
|       |   |    |       |     |       | Click or tap here to enter text.  |
|        |   |    |        |     |       | Click or tap here to enter text.  |
|       |   |    |       |     |       | Click or tap here to enter text. |
|        |   |    |        |     |       | Click or tap here to enter text.  |
|       |   |    |       |     |       | Click or tap here to enter text.  |
|        |   |    |        |     |       | Click or tap here to enter text. |
|       |   |    |       |     |       | Click or tap here to enter text.  |
|        |   |    |        |     |       | Click or tap here to enter text.  |
|       |   |    |       |     |       | Click or tap here to enter text. |
|        |   |    |        |     |       | Click or tap here to enter text.  |
|       |   |    |       |     |       | Click or tap here to enter text.  |
|        |   |    |        |     |       | Click or tap here to enter text.  |
|       |   |    |       |     |       | Click or tap here to enter text.  |

**Child to be added to caseload (child for whom waiver applies):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SSID** | **Age**years | **Age**months | **Disability Category** | **SDI** **Total # of min.** | **Support for School Personnel****Total # of min.** | **Location**(building/classroom, home, other) |
|       |   |    |          |     |       |  Click or tap here to enter text.  |

Part 4: duration

Specific time frame for which waiver is requested by the district, not to exceed June 30 of current school year.

 \*Start date: Click or tap to enter a date. End date: Click or tap to enter a date.

\*Applicant must submit the request for a waiver within two weeks of the child’s entry into the classroom as a child with a disability and/or assignment to an early childhood intervention specialist’s caseload.

Part 5: notification

1. Parent Notification of Itinerant Intervention Specialist Caseload Waiver: Date notice of the request for a waiver was sent to the parents of all affected students (attach a copy of that notice).

 Date: Click or tap to enter a date.

1. Associated District Notification (if applicable): Date notice of the request for a waiver was sent to all affected associated districts and a list of all affected associated districts (attach a copy of that notice).

 Date: Click or tap to enter a date.

 List of affected associated districts: Click or tap here to enter text.

part 6: rationale for the waiver

For **Co-taught class** and **Public School Preschool General Education Class** waiver requests,

complete the following:

|  |  |
| --- | --- |
| **Directions** | **Applicant Response** |
| Describe the specifIc reason(s) for the waiver request. | Click or tap here to enter text. |
| List the possibilities for placement in the child’s LRE that the IEP team considered during the IEP meeting that **would not require a waiver request.** | Click or tap here to enter text. |
| Provide an explanation for why the possible placements in the child’s LRE were not chosen.  | Click or tap here to enter text. |

For **Itinerant Intervention Specialist Caseload** waiver request, complete the following:

|  |  |
| --- | --- |
| **Directions** | **Applicant Response** |
| Describe the specific reason(s) for the waiver request. | Click or tap here to enter text. |
| List option(s) attempted/considered to prevent the need for the waiver.  | Click or tap here to enter text. |
| Describe (or provide a copy of) the process the district used to determine the service provider can perform all workload duties and meet the direct service/specially designed instruction needs for all assigned children including the child to be added to the caseload. Include a description of what data was examined to make this decision.  | Click or tap here to enter text. |
| List any workload duties that were removed for the itinerant intervention specialist to have an increased caseload. | Click or tap here to enter text. |

Part 7: waiver action plan

Plan for meeting 3301-51-11: A plan and timeline must be submitted to indicate actions the district, educational service center or board of developmental disabilities will take to address the needs of every student and the action steps to avoid the need for additional waivers.

|  |
| --- |
| **GOAL: *The district will*** Click or tap here to enter text. ***in order to be in compliance with the Preschool Special Education Rule (3301-51-11).*** |

|  |  |  |
| --- | --- | --- |
| Action StepsMust include at least 2 action steps that reflect the following: | Monitoring DataFor each action step, list what data will be collected to reflect that the action step was accomplished and/or had an impact AND list when data will be collected. | Implementation TimelineState when each action step will begin and end. |
| 1. *State what immediate step(s) will be taken to address the needs of the current students and student being added to ensure that there are no adverse impacts:*
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. *State what step(s) will be taken during current school year to address the goal to prevent the need for a waiver in the future:*
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. |  Click or tap here to enter text.  |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | Click or tap here to enter text. |

**GOAL:**

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Action Steps | Monitoring Data | Implementation Timeline |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Part 8: assurances

**The district superintendent assures:**

Students with disabilities impacted by the waiver will receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE).

A waiver does not replace Preschool Licensing requirements Ohio Administrative Code 3301-37-01 through 3301-37-12.

The service provider has been informed of his/her responsibilities regarding the development and implementation of individualized education program (IEPs) for children served in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Improvement Act of 2004 (IDEA) at 34 C.F.R.

§300.323, 34 C.F.R. §300.324 and the Operating Standards at Ohio Administrative Code 3301-51-07 and 3301-51-11.

Affected staff are appropriately certified and licensed to provide services for students impacted by the waiver.

Special provisions necessary to provide appropriate instruction during the period in which the waiver is in effect have been made to assist the students and service providers.

Appropriate equipment supplies and instructional materials in sufficient quantity are in place to support the number of students with disabilities and meet their instructional needs.

After the Ohio Department of Children and Youth has approved the waiver request, district board approval will be sought, and the board will assure that services will be provided consistent with IDEA and Operating Standards.

The district, educational service center or board of developmental disabilities will submit a final report by June 30 of the current school year regarding the performance of students with disabilities impacted by the waiver and provide a written status report for the Waiver Action Plan submitted with the waiver application.

The district assures it will not submit a waiver for the same circumstance in the year following the current waiver request.

All information provided in the application is accurate.

|  |  |
| --- | --- |
| **District Superintendent’s Signature**Click or tap here to enter text. | **Date**2/15/2024 |

**The Educational Service Center or County Board of Developmental Disabilities superintendent assures:**

Students with disabilities impacted by the waiver will receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE).

All associated districts have been notified by the ESC/DD that an application for a waiver has been submitted to the Ohio Department of Children and Youth and that associated districts will be notified by the ESC/DD of the outcome of the waiver application (approved or denied).

A waiver does not replace Preschool Licensing requirements Ohio Administrative Code 3301-37-01 through 3301-37-12.

The service provider(s) has been informed of his/her responsibilities regarding the development and implementation of individualized education program (IEPs) for children served in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Improvement Act of 2004 (IDEA) at 34 C.F.R. §300.323, 34 C.F.R. §300.324 and the Operating Standards at Ohio Administrative Code 3301-51-07 and 3301-51-11.

Affected staff are appropriately certified and licensed to provide services for students impacted by the waiver.

Special provisions necessary to provide appropriate instruction during the period in which the waiver is in effect have been made to assist the students and service providers.

Appropriate equipment, supplies, and instructional materials in sufficient quantity are in place to support the number of students with disabilities and meet their instructional needs.

After the Ohio Department of Children and Youth has approved the waiver request, educational agency board approval will be sought, and the board will assure that services will be provided consistent with IDEA and Operating Standards.

The educational service center or board of developmental disabilities will submit a final report by June 30 of the current school year regarding the performance of students with disabilities impacted by the waiver and provide a written status report for the Waiver Action Plan submitted with the waiver application.

The educational service center or board of developmental disabilities assures it will not submit a waiver for the same circumstance in the year following the current waiver request.

All information provided in the application is accurate.

|  |  |
| --- | --- |
| **Educational Service Center or Board of Developmental Disabilities Superintendent’s Signature**Click or tap here to enter text. | **Date****Click or tap to enter a date.** |

**SUBMISSION**

Return the completed waiver application and required documentation by email to **preschoolspecialeducation@childrenandyouth.ohio.gov** with the word **Waiver** in the subject line.