# Application for Ed-Flex Waiver Schoolwide Poverty Threshold

**School Year**

**Ed-Flex—Title I, Part A Schoolwide Eligibility**

**Instructions:** Complete this form to request a waiver of the 40 percent school poverty threshold requirement for Title I, Part A (schoolwide eligibility). This waiver is required when the poverty rate of a Title I school that wishes to move to a schoolwide program falls below 40 percent.

**Deadline:** All applications must be submitted by March 31 for the school year that will begin in the fall.

Send the completed form to:

DeLilah Collins

Colorado Department of Education

Unit of Federal Program Administration 1560 Broadway, Suite 1100

Denver, CO 80202-5149

Fax Number: 303-866-6298

Email: [collins\_d@cde.state.co.us](mailto:collins_d@cde.state.co.us)

## Name of School School Number:

**Name of District District Number**:

**Part 1: Waiver Rationale**

1. Describe the need and rationale for this schoolwide waiver. Include reasons why the need(s) can’t be met without a schoolwide program.
2. % of teachers highly qualified. All core content must be HQ (including special education teachers). Extensions cannot be provided. School will not be able to operate a Schoolwide program unless all core content teachers are highly qualified.
3. Complete Table #1 of this application.

## Part 2: Public Comment

The following strategies were used by the school to publicize the request for this waiver and to receive comments.

Newspaper

LEA/School Newsletters LEA/School Website School Board Meeting

Other (Specify)

**Part 3: Local Approval**

Explain why the School Accountability Committee supports this waiver:

**Part 4: Certification**

The signatures below certify that the required Schoolwide planning process has been completed prior to the submission of this waiver application. In addition, the undersigned clearly understand and agree that if the evaluation criteria as stated in the instruction document are not met, the **waiver will be terminated, and the campus will be ineligible to reapply for this waiver under the state’s current Ed-Flex authority**.

**Signature** of Teacher on School Accountability Committee: **Date Signed**:

**Signature** of Parent on School Accountability Committee: **Date Signed**:

**Signature** of Chairperson of School Accountability Committee**: Date Signed**:

**Signature** of School Principal: **Date Signed**:

**Signature** of Superintendent: **Date Signed**:

**Date of Approval** by LEA Board of Trustees:

## Table #1 – Purpose, Goals, and Results

Education Flexibility Partnership Act of 1999 (PL 106-25) LEA Application for Waiver of 1114(a)(1)(B)

|  |  |
| --- | --- |
| Purpose of the Waiver (please check the appropriate block(s): | Number of years for which the waiver is requested (check one) : |
| Increase the quality of classroom instruction for students, and/or | 1 Year 2 Years 3 Years |
| Improve the academic performance of students on state assessments | |

|  |  |  |  |
| --- | --- | --- | --- |
| Measurable Goals (goals must relate to the purpose of the waiver checked above) | Activities to be Implemented to Address Each Measurable Goal | Evaluation Methods/Expected Results | How This Waiver Will Assist the School in Reaching the Measurable Goals Listed |
|  |  |  |  |