

**ALTERNATIVE EDUCATION AND INNOVATIVE PROGRAM
Waiver Application Review Form**

State Department Use Only

Reviewed by: _____

Date: _____

Recommend: Yes _____ No _____

Fiscal Year 2012-2013

District Name: _____ District Code: _____

Contact Person: _____ Phone: _____

E-Mail: _____ Building Number: _____

Program/School Name: _____ Fax Number: _____

The Application -

- 1) Identify the program below, (Please check the corresponding box,) :
 - a) Alternative Education Program (as reported in Educational Entity Master)
 - b) Innovative program approved by the Michigan Department of Education

- 2) State the number of hours the program will operate (minimum of 878.4 hours).
Hours: _____
State the number of days the program will operate (minimum of 146 days of instruction).
Days: _____

- 3) Describe how the granting of this waiver will enhance the education of students.

- 4) Describe the alternative education or innovative program approved by the Michigan Department of Education (MDE). Please include any innovative ideas being implemented including virtual and online learning opportunities, project based learning, internships, and dual enrollment opportunities.

5) How do you ensure that an educational opportunity exists for all students in the program?

6) Has the program operated under the waiver before? Yes No

7) If yes, describe the effectiveness of using the waiver to meet the needs of students.

8) Comments

*By completing this application and participating in the Waiver of Minimum Number of Hours and Days of Pupil Instruction for Alternative Education Programs, you agree to participate in a follow-up survey disseminated by the MDE.

PLEASE USE ADDITIONAL SPACE IF NECESSARY TO ACCURATELY DESCRIBE AND ANSWER THE APPLICATION REQUIREMENTS.