



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

April 28, 2011

MEMORANDUM

TO: Local and Intermediate School District Superintendents
Public School Academy Directors

FROM: Sally Vaughn, Ph.D. *Sally*
Deputy Superintendent/Chief Academic Officer

SUBJECT: Waivers of Minimum Number of Hours and Days of Pupil Instruction for
Alternative Education Programs or other Innovative Programs Approved by the
Michigan Department of Education (MDE) for fiscal Year 2011-2012

The State Aid Act, Section 101 (9), permits the State Superintendent of Public Instruction to waive the minimum number of hours and days of pupil instruction for Alternative Education programs or other innovative programs approved by MDE. This waiver can only be granted for Alternative Education or innovative programs and not for individual students.

The State Superintendent will consider applications for waivers of hours for programs that will operate for less than the required 1,098 hours and/or less than the required 165 days during the school year. Before submitting the waiver to operate less than the required 1,098 hours of instruction or less than the required 165 days of instruction, consider very carefully the amount of instruction time needed to deliver the Michigan Merit Curriculum.

To apply for a waiver under Section 101 (9), please complete the Waiver Application Review form and the Program Assurances form, available on the Department's web page at http://www.michigan.gov/mde/0,1607,7-140-6530_30334_40027---,00.html. Waiver applications should be submitted to the Michigan Department of Education **no later than October 1, 2011**. Please be advised that by completing this application and participating in the Waiver of Minimum Number of Hours and Days of Pupil Instruction for Alternative Education or other innovative programs, you agree to participate in a follow-up survey disseminated by the MDE. Please mail the completed packet to:

Office of Education Improvement & Innovation /Michigan Department of Education
Attention: Request for Alternative Education or Innovative Program Hours Waiver
P.O. Box 30008
Lansing, Michigan 48909

If you have any questions regarding the information being requested, please contact Gregg Dionne at (517) 241-6895, or email him at dionneg@michigan.gov.

cc: Michigan Education Alliance

STATE BOARD OF EDUCATION

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • (517) 373-3324



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2011-2012 ALTERNATIVE EDUCATION AND INNOVATIVE PROGRAM ASSURANCES

Please provide the following information:

District Name: _____ District Code: _____

Address: _____
Street- P.O. Box City Zip Code

Contact Person: _____ Title: _____

Phone: _____ Building Number: _____

E-mail Address: _____

Assurances:

- 1) It is assured that the Alternative Education Program or other innovative program approved by the Michigan Department of Education (MDE) will operate for a minimum of _____ clock hours. It is assured that the Alternative Education Program or other innovative program approved by the MDE will operate for a minimum of _____ days.
- 2) It is assured that the Alternative Education Program or other innovative program approved by MDE is an identifiable program not regularly available to general district pupils. If program is regularly available to general district pupils, please attach an explanation in writing.

Assurances and Certifications: By signing this statement of assurances, I certify that the district agrees to abide by all of the above assurances and will comply with all state regulations pertaining to the program. Non-compliance will rescind this waiver and the 1,098 hours minimum will be in effect.

Signature of Superintendent or Authorized Official

Date

Type or Printed Name

Waiver Application Review Form must be filled out and attached.

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ALTERNATIVE EDUCATION AND INNOVATIVE PROGRAM

Waiver Application Review Form

State Department Use Only

Reviewed by: _____

Date: _____

Recommend: Yes _____ No _____

Fiscal Year 2011-2012

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.