

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

**State Department Use Only**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Recommend: Yes \_\_\_\_\_ No \_\_\_\_\_

**Fiscal Year 2013-2014**

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District Name: \_\_\_\_\_ District Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Building Code: \_\_\_\_\_  
Program/School Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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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: \_\_\_\_\_

2.5) 388.1701 Section 101 (f) At the request of a district that operates a department-approved alternative education program and that does not provide instruction for pupils in all of grades K to 12, the superintendent may grant a waiver from the requirements of subdivision (e). The waiver shall indicate that an eligible district is subject to the proration provisions of subdivision (e) only if the district does not have at least 50% of the district's membership in attendance on any day of pupil instruction. In order to be eligible for this waiver, a district must maintain records to substantiate its compliance with the following requirements:

- (i) The district offers the minimum hours of pupil instruction as required under this section.
- (ii) For each enrolled pupil, the district uses appropriate academic assessments to develop an individual education plan that leads to a high school diploma.
- (iii) The district tests each pupil to determine academic progress at regular intervals and records the results of those tests in that pupil's individual education plan.

Are you applying for a 50% waiver? Yes  No

- 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.*



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

MICHAEL P. FLANAGAN
STATE SUPERINTENDENT

2013-2014 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 Code: \_\_\_\_\_

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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