

**Kentucky Department of Education
Division of Learning Services and the
Education Professional Standards Board**
REQUEST FOR APPROVAL OF PROGRAM AND/OR TEACHER ASSIGNMENT
(16 KAR 4:020)

Date of Request: _____

Academic Year: _____

Special Education Cooperative			
District:		District Number:	
Director of Special Education:		Phone Number:	
School:			
Principal:			

Teacher:		Teacher Cert# CCCCCCCertificate #:	
Teacher's Certification:			
Disability Waiver Requested for:			
Classroom Type:			
Special Education Code:			

1. Briefly explain the circumstances that have made it necessary to request a waiver/approval for this program and/or teacher assignment (include the student's age and disability).

2. If this assignment is with a teacher who is not certified for the student's disability, state the basis of the Admission & Release Committee's decision that this is the most appropriate assignment for the student. (Attach a copy of the ARC Summary).

3. Is the requested assignment in the school the student would normally attend if not disabled?

☐

Yes

☐

No

If No, explain:

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4. As a result of this assignment, will any additional support services or training be provided for this teacher?

☐ Yes

☐ No

If yes, describe:

5. Show this teacher's typical daily schedule indicating the number of students by disability category for each class session (Attachment acceptable).

FOR OFFICE USE ONLY

REQUEST NO.: _____

DATE: _____

KDE RECOMMENDATION: ☐ Yes ☐ No

DATE: _____

REVIEWED BY: _____

(Reviewer's Initials)

EDUCATION PROFESSIONAL STANDARDS BOARD DECISION:

EPSB APPROVED: ☐ Yes ☐ No

DATE: _____

REVIEWED BY: _____

(Reviewer's Initials)

DATE: _____

Division of Certification

Education Professional Standards Board

DATE: _____