



Alabama State Department of Education Waiver Request Procedures

Updated June 12, 2019

ALSDE Required Waiver Components

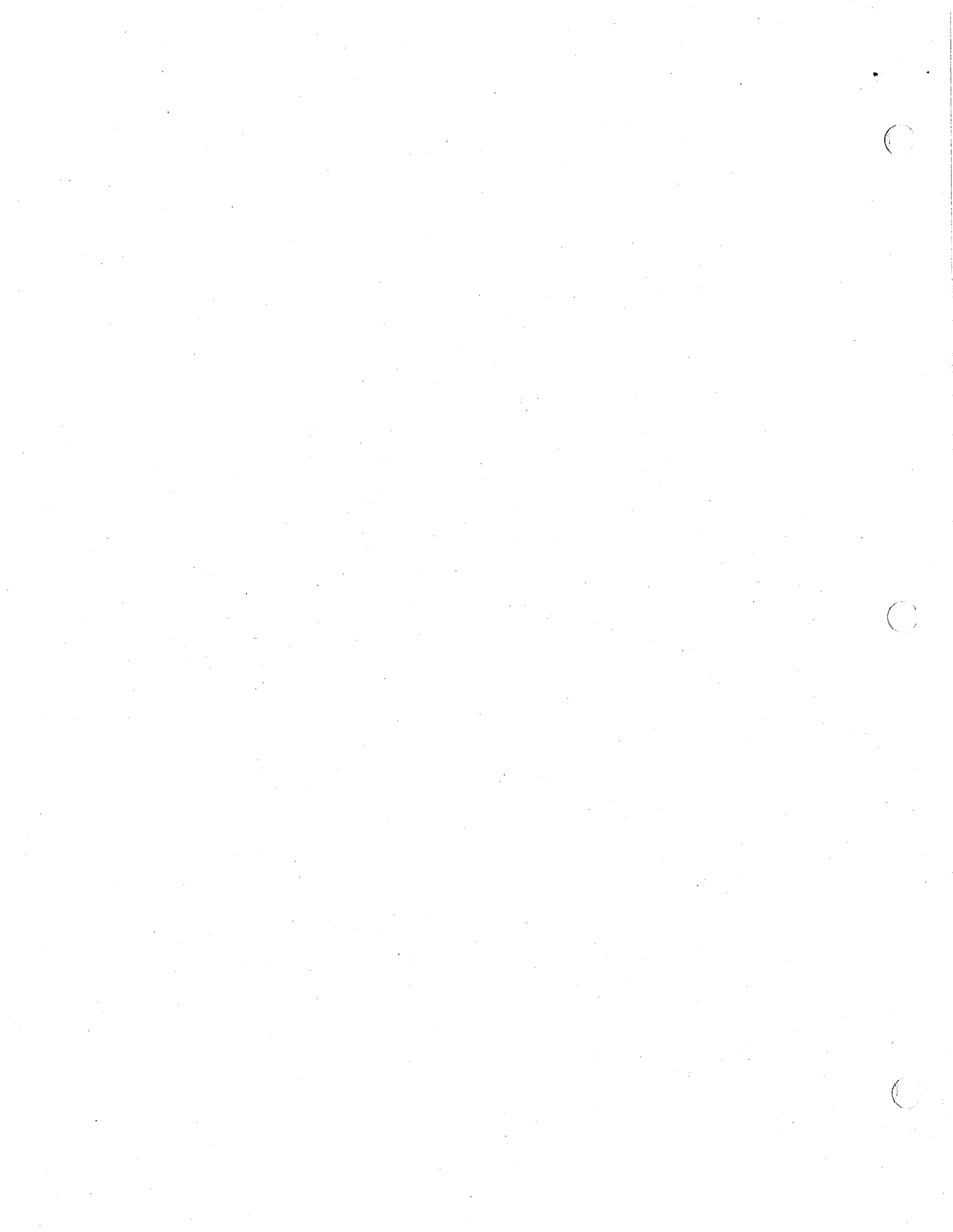
Letter of waiver request from LEA superintendent to the State Superintendent of Education containing the following:

1. Complete all applicable sections of the ALSDE Waiver Request Procedures Form.
2. Attach an academic curriculum plan, which may include a course syllabus, course description, and course content standards (*Examples are posted to www.alsde.edu*).
3. Provide any additional documentation relevant to waiver request, if applicable (*Example—letter(s) of support, meeting notes, etc.*).
4. Include a formal letter request from the LEA superintendent addressed to the following:
State Superintendent of Education
Alabama State Department of Education
50 North Ripley
P.O. Bo 302101
Montgomery, Alabama 36104-2101
5. Send all completed required documents electronically to SuperiWaivers@ALSDE.edu.

**All waiver requests including required documents must be submitted via
SuperiWaivers@ALSDE.edu.**

LEA Required Waiver Assurances

1. **Collaboration:** Ensure ongoing discussion with proposed teacher(s) of record and subject matter expert educator(s) to develop academic/curriculum plan, if applicable. (*Example—Physical education teacher and Marching Band Director, core subject and elective teacher(s), etc.*)
2. **Planning:** Approved academic/curriculum plan will be fully implemented and a copy will remain on file at each school and with system-level administration.
3. **Athletics:** Only those student athletes who are registered with the AHSAA are approved through a sport-specific physical education course waiver.
4. **Communication:**
 - A.) Notification of NCAA and AHSAA academic eligibility guidelines are clearly communicated to students and parents.
 - B.) Notification of waiver approval status is annually reviewed and communicated to school administrators, school staff, students, and parents.
 - C.) Copy of ALSDE formal waiver approval will be uploaded to Student Information System (SIS) and a copy will also be included in student cumulative records, if applicable.
5. **Waiver Approval School Year(s) Impact:** LEAs must ensure that waiver requests are followed based on school year(s) approved (normally 1 or 2 years) AND resubmitted if the LEA chooses to continue the waiver past the approved school year.





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I. WAIVER OPTIONS

Select the waiver option you are requesting for ALSDE approval.

- New Course Option Request**
 Complete when requesting a course not currently in an approved *Alabama Course of Study*
- Course Substitution Request**
 Complete when requesting substitute course for a course required for graduation (Example: Marching Band for PE LIFE/Beginning Kinesiology)
- Special Exception/Exemption**
 Complete when requesting an individual student waiver (including medical) from an education requirement found in the *Alabama Administrative Code (AAC)*
- Innovation Zone/Flexibility**
 Complete when requesting a waiver that aligns with Innovation/Flexibility criteria; details can be found by visiting the Innovation Zone/Flexibility website at <https://www.alsde.edu/Pages/innovations.aspx> or by contacting Dr. Susan McKim at smckim@alsde.edu.

II. GENERAL INFORMATION

ALL information in Section II must be completed to process a waiver request.

LEA CONTACT INFORMATION

LEA:	
Central Office Contact Name:	
Position:	
E-mail Address:	
Telephone Number:	

COURSE REQUEST DESCRIPTION

Date of Waiver Request:	
Academic Year(s) of Waiver Request:	
School(s) Requesting Waiver:	
Grade-Level(s) Taught:	
Amount of Course Credit to be Awarded:	
Course Length:	
Subject Area(s):	
Prerequisite(s) if Applicable:	
1. What has prompted this waiver request?	
2. What is the purpose/rationale for this waiver request?	



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3. If approved, what unintended consequences could you foresee with the implementation of the waiver?

4. Is there any other information that could impact the approval of this waiver request?

III. WAIVER-SPECIFIC INFORMATION

ONLY Complete Section III if requesting a Course Substitution or Medical Waiver.

COURSE SUBSTITUTE INFORMATION	
Substitute Course Name:	
Subject/Personnel Course Code (if known):	
Originating Course Teacher Name(s) & Signature(s):	
Course Substitute Collaborating Teacher Name(s) & Signature(s):	

MEDICAL EXEMPTION INFORMATION	
Student's Name:	
Current Grade-Level:	
Medical Diagnosis/Disability	
Explain the impact the medical condition has on the student completing the course requirement(s):	
If the medical condition will require a substitution of a course, provide the substitution course name:	
PLEASE ATTACH DOCUMENTATION FROM THE STUDENT'S PHYSICIAN(S) TO THIS FORM.	

IV. SIGNATURES

SIGNATURES	
School Principal(s):	
Central Office Contact:	
LEA Superintendent:	



ACADEMIC CONTENT WAIVER A NEW COURSE OR A SUBSTITUTE COURSE

- ❖ To submit an Academic Content Waiver, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes the appropriate *Academic Content Waiver Form*.
- ❖ E-Mail both the letter and the appropriate Academic Content Waiver Form to superiwaivers@alsde.edu; Attn: Eric G. Mackey, State Superintendent of Education.
- ❖ The deadline to submit a new course ACADEMIC CONTENT WAIVER is October 31 prior to the academic year of implementation.
- ❖ The Alabama State Department of Education approves all substitute courses or new courses.
- ❖ Complete all parts of the Academic Content Waiver form.
- ❖ Include the course syllabus and additional pertinent documentation to be used with the proposed substitute course or the new course.
- ❖ Submit a separate ACADEMIC CONTENT WAIVER for each subject and each course.
- ❖ Approved waivers from the State Superintendent of Education are granted for one academic year. Be reminded that at the end of this period, another waiver request will be necessary.
- ❖ Keep a roster of students in each course on file in the central office and the school where the ACADEMIC CONTENT WAIVER will apply.

Name of System: _____	Date of Academic Content Waiver Request: _____
Name of Substituted Course or New Course _____	_____
Signature of Certified Teacher _____	_____
Signature of Collaborating Teacher (If Applicable) _____	_____
Signature of Principal _____	_____
Signature of LEA Superintendent _____	_____

*Note: Attach the original signature page and plan to the academic content waiver request.
File one copy in the LEA central office and one copy at the school.*

(Please type.)

Course Name _____

Grade Level _____

Course Credit _____ 0 _____ 1/2 _____ 1

Course Length _____ 6/9 weeks (*Grades K-8 only*) _____ 1 semester _____ 1 year

Subject Area _____

Prerequisite(s) (*NA if None*) _____

Curriculum/Instructional Coordinator Contact Information:

Name _____

E-mail _____

Telephone No. _____

E-Mail the letter and form to superiwaivers@alsde.edu:

Attn: Eric G. Mackey
State Superintendent of Education
50 North Ripley
PO Box 302101
Montgomery, AL 36130-2101

PLEASE TYPE.

❖ **Course Description.** Include why this course is a valid substitute for a course in the *Alabama Course of Study* or new course. Explain how this course substitution or new course will benefit students. Include course syllabus and additional pertinent documentation to be used with proposed substitute course or new course.

[Empty rectangular box for course description and documentation.]

<p>Standards from the Alabama Course of Study</p> <p>(If a course is being substituted for a course, list each standard from the Alabama Course of Study one standard per cell. If the new course is not being used as a substitute, omit this column.)</p> <p>Add as many cells as there are standards.</p>	<p>Standards for the New Course</p> <p>(If the course is a substitute, list the standards from the new course that correlate to the course from the Alabama Course of Study and complete the following columns. If the course is not a substitute, list the standards in this column and complete the following columns.)</p>	<p>How will the standard be taught?</p>	<p>When will the students receive this instruction?</p>	<p>How will the standard be assessed for mastery?</p>



ACADEMIC CONTENT WAIVER

LIFELONG INDIVIDUALIZE FITNESS EDUCATION (LIFE)

(REQUIRED ONE CREDIT COURSE FOR GRADUATION)

This form will be used for verification that students achieve the required content standards of the Lifelong Individualized Fitness Education (LIFE) course listed in the *Alabama Course of Study: Physical Education*.

Waiver submission may be submitted between April 1 and August 1.

- Submit the original plan.
- No blanket **ACADEMIC CONTENT WAIVERS** for **PHYSICAL EDUCATION** will be accepted. Multiple schools require a waiver for each school and each subject.
- **Submit a separate and detailed plan for each requested waiver (e.g. football, baseball, marching band, cheerleading, majorettes, etc.).**
- Keep a copy of the LIFE waiver on file along with a list of students who receive waivers with each school system and school.
- To successfully receive an *Academic Content Waiver Form for Lifelong Individualize Fitness Education (LIFE)*, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes this form.
- Mail both documents to the State Superintendent of Education.
- Approved waivers from the State Superintendent of Education are granted for two academic years. Be reminded that at the end of this period, another waiver request will be necessary.

Complete this waiver in collaboration with the LIFE physical education teacher and thoroughly explain the following:

- Who will be responsible for teaching the standard
- How each content standard will be taught
- When the students will receive this instruction
- How mastery of the standard will be assessed
- Percentage of class time devoted to vigorous to moderate activity

Note: Physical fitness testing is required for all students who receive a LIFE course waiver. Post the fitness test results for waived students in INow Health on the following dates: January 15 for fall scores, and June 1 for spring scores.

Name of System: _____	Date of Waiver Request: _____
Name of substituted course _____	
Signature of collaborating physical education teacher _____	
Signature of teacher requesting waiver _____	
Signature of principal _____	
Signature of LEA superintendent _____	

Note: Attach the original signature page and plan to the waiver request. File one copy of the students' names in the LEA central office and one copy at the school.

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
<p>1. Demonstrate movement combinations from a variety of physical activities that enhance cardiorespiratory endurance, muscular strength and endurance, flexibility, and body composition. <i>Examples: running, weight training, circuit training, performing aerobic activities</i></p>					
<p>2. Demonstrate complex movement sequences in a variety of physical activities. <i>Examples: martial arts, dances, games, outdoor pursuits, individual and team sports</i></p>					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
<p>3. Utilize rules and strategies for safe game play and selected lifetime activities.</p>					
<p>4. Identify short- and long-term health-enhancing benefits of physical activity. <i>Examples: lowering resting heart rate, reducing stress level, increasing metabolism, strengthening the immune system</i></p> <ul style="list-style-type: none"> • <i>Identifying effects of age on physical activity preferences and participation</i> • <i>Explaining the relationship of physical, emotional, and cognitive factors that influence the rate of improvement in fitness performance</i> 					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
5. Identify requirements for selected careers in physical education, health, and fitness. <ul style="list-style-type: none"> Identifying factors related to career choices 					
6. Identify strategies for positive behavior modification and for social interaction among diverse populations. <i>Example: using peer intervention to bring about desired changes in behavior</i>					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
<p>7. Explain the impact of participating in multicultural physical activities. <i>Example: developing cultural awareness</i></p>					
<p>8. Demonstrate responsible personal and social behavior during physical activities. <i>Examples: awareness of surroundings to avoid injury, respect for officials' decisions</i></p>					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
<p>9. Demonstrate responsibilities of a leader or a follower to accomplish group goals.</p>					
<p>10. Critique a community service project that involves physical activity by identifying benefits, problems, compromises, and outcomes. <i>Examples: walkathons, fun runs, Jump Rope for Heart fundraisers</i></p>					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
<p>11. Utilize health and fitness technologies to develop a healthy lifestyle. <i>Examples: heart-rate monitors, pedometers, spirometers, skinfold calipers</i></p> <ul style="list-style-type: none"> • <i>Measuring target physiological functions utilizing correct instruments</i> • <i>Calculating health risk based on body composition</i> 					
<p>12. Utilize safe practices when participating in physical activities.</p>					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
13. Compare goals for attaining and maintaining fitness.					
14. Construct criteria for evaluation of commercial fitness and health products and services. <i>Examples: cost, consumer reviews, availability</i>					

Standard	Who will be responsible (teacher's name) for teaching the standard?	How will each standard be (method) taught?	When will the students receive this instruction (time of year)?	How will the standard be assessed for mastery?	Percentage of class time that is moderate to vigorous
<p>15. Create a nutrition program that targets goals for maintaining energy and recommended body composition.</p>					
<p>16. Design a personal fitness plan that promotes activity for life.</p> <ul style="list-style-type: none"> • Using selected assessments to modify an individualized fitness plan <p>Examples: range of motion, skinfold, heartrate</p> <ul style="list-style-type: none"> • Applying principles of specificity, overload, frequency, intensity, time, and progression to physical activities <p>Examples: recording progress selecting activities, arranging exercise, tracking progress</p> <ul style="list-style-type: none"> • Demonstrating a lifestyle that includes participation in physical activity on a consistent basis 					

Fitness Assessment

Block scheduling will test one time during the block.
 Non-block scheduling will test in the fall and spring.

Who will be responsible for testing the students (teacher name)?	Who will post test data into INow Health (teacher name)?	Month of fall (pre-test)	Month of spring (posttest)

Physical fitness testing is required for all students who receive a LIFE course waiver. Post fitness test results for waived students in INow Health on the following dates: January 15 for fall scores, and June 1 for spring scores. Block scheduling will only post fitness scores one time during the block.

Send the letter and form to:

Eric G. Mackey
 State Superintendent of Education
 50 North Ripley
 PO Box 302101
 Montgomery, AL 36130-2101
 334-242-9700
 Fax: 334-242-9708



ACADEMIC CONTENT WAIVER

An *Academic Content Waiver* is a request from the Local Education Agency (LEA) superintendent to the State Superintendent of Education. To successfully receive an Academic Content Waiver, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes the appropriate *Academic Content Waiver Form*. E-mail both documents to the State Superintendent of Education. The address is superwaivers@alsde.edu. Please be sure to submit both documents to the State Superintendent of Education in order for the Academic Content Waiver to be processed. The following types of Academic Content Waivers are available:

- For a new course to be approved by the Alabama State Department of Education (ALSDE) (e.g., the fourth mathematics course): To successfully receive an Academic Content Waiver, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes the *Academic Content Waiver Form for a New or a Substitute Course*. E-mail both documents to the State Superintendent of Education.

***Approved waivers from the State Superintendent of Education are granted for one academic year.**

- For flexibility to substitute other subjects and/or content that is required by the Alabama Courses of Study: To successfully receive an Academic Content Waiver, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes the *Academic Content Waiver Form for a New or a Substitute Course*. E-mail both documents to the State Superintendent of Education.

***Approved waivers from the State Superintendent of Education are granted for one academic year.**

- To waive the physical education requirement for another activity-based course: To successfully receive an Academic Content Waiver, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes the *Academic Content Waiver Form for Lifelong Individualize Fitness Education (LIFE)*. E-mail both documents to the State Superintendent of Education.

****Approved waivers from the State Superintendent of Education are granted for two academic years.**

- To request a waiver for medical conditions: To successfully receive an Academic Content Waiver, the LEA superintendent (1) writes a waiver request letter addressed to the State Superintendent of Education and (2) completes the *Academic Content Waiver Form for Medical Conditions*. E-mail both documents to the State Superintendent of Education.

****Approved waivers from the State Superintendent of Education are granted for two academic years.**

Only send specific student information for the medical conditions waiver.

Send the letter and form to:

Eric G. Mackey
State Superintendent of Education





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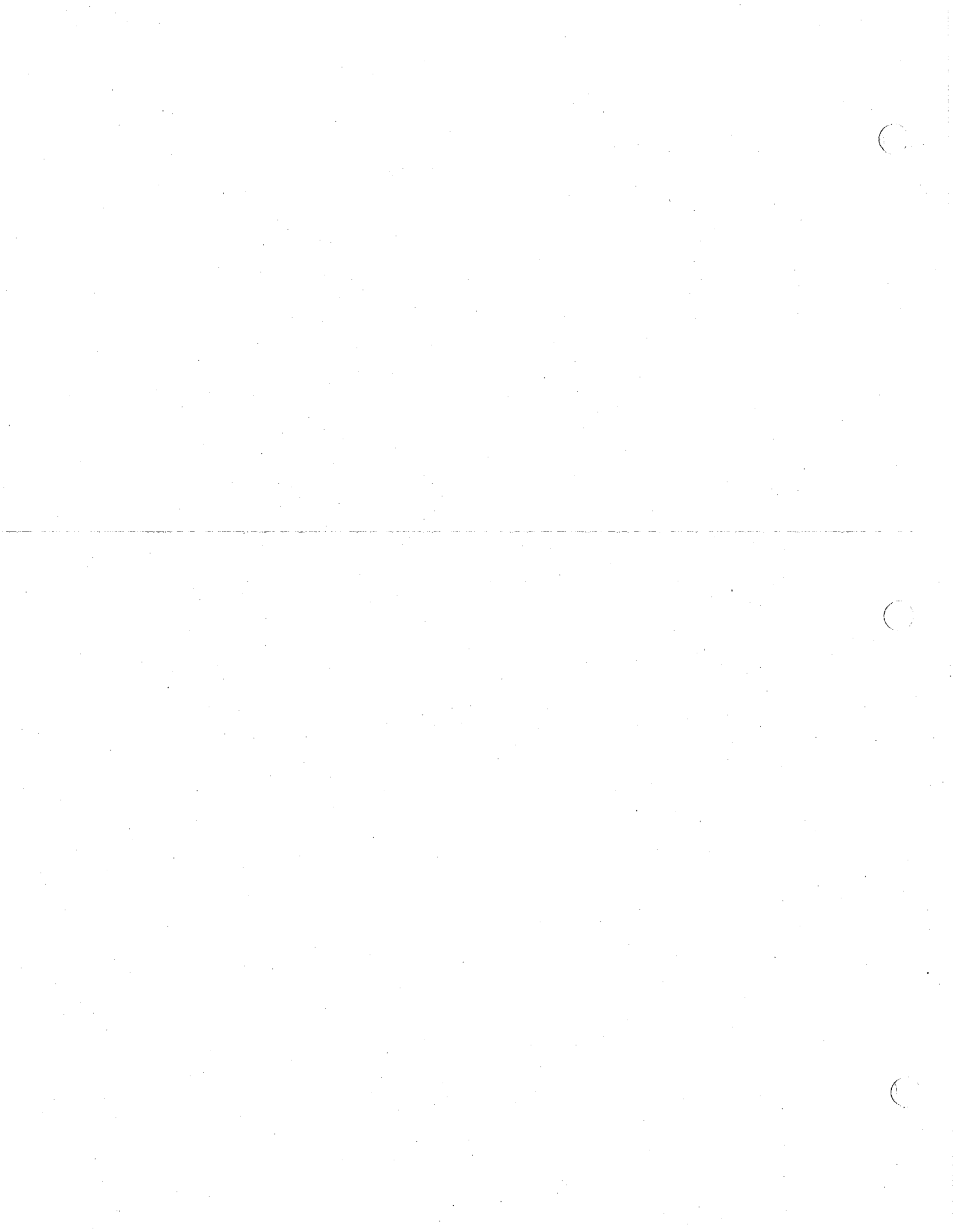
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****Approved waivers from the State Superintendent of Education are granted for two academic years.**

Only send specific student information for the medical conditions waiver.

Send the letter and form to:

Eric G. Mackey
State Superintendent of Education





ACADEMIC CONTENT WAIVER MEDICAL Conditions

Date of Waiver _____

Name of Student _____

Name of School _____

Grade _____

Name of System _____

Signature of Principal _____

Signature of LEA Superintendent _____

- *Approved waivers for medical conditions from the State Superintendent of Education are granted for two academic years.*
- *Be reminded that at the end of this period, another waiver request will be necessary.*
- *An IEP/504 team may request the LEA superintendent submit a waiver for a student with disabilities.*

Thoroughly explain the medical condition. (Be specific)	
Explain the reason(s) for the request.	
If the medical condition will require a substitution of a course, provide the substitution course name.	

Please attach medical documentation from the student's physician(s) to this form.

Send the letter and form to:

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 State Superintendent of Education
 50 North Ripley
 PO Box 302101
 Montgomery, AL 36130-2101
 334-242-9700

