

## REQUEST FOR WAIVER FROM THE MANDATORY EDUCATION POLICY

OFFENDER NAME: \_\_\_\_\_ DIN #: \_\_\_\_\_ FACILITY: \_\_\_\_\_ CELL \_\_\_\_\_  
 CLASS: \_\_\_\_\_ DATE \_\_\_\_\_ (Waiver valid for 1 year) LOC. \_\_\_\_\_

**I. REASON FOR REQUEST**

1. \_\_\_\_\_ Disciplinary
2. \_\_\_\_\_ Failure to Progress
3. \_\_\_\_\_ Medical, Psychological, Emotional reason
4. \_\_\_\_\_ Other (Explain below)

**II. LAST THREE SETS OF ACHIEVEMENT TEST SCORES**

(List for Reason #2; include for other reasons if available)

DATE	FORM	LEVEL	READING TOTAL	MATH TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**III. SPECIFIC REASON FOR WAIVER** (To be completed by offender’s teacher if offender is currently enrolled, or by the offender’s Offender Rehabilitation Coordinator if not currently enrolled. For offenders with a disability, a statement must be included describing how reasonable accommodations were provided. Use additional attached sheets if needed.)

**IV. APPROVAL**

Teacher/ Offender Rehabilitation Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
 Education Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Deputy Supt. for Programs \_\_\_\_\_ Date \_\_\_\_\_

**V. QUARTERLY REVIEWS**

DATE	OFFENDER REHABILITATION COORDINATOR	ACTION RECOMMENDED
_____	_____	_____ Continue Waiver _____ Assign to School
_____	_____	_____ Continue Waiver _____ Assign to School
_____	_____	_____ Continue Waiver _____ Assign to School
_____	_____	_____ Continue Waiver _____ Assign to School