

LOS ANGELES UNIFIED SCHOOL DISTRICT
Federal and State Education Programs

LAUSD/UTLA WAIVER REQUEST

(Please provide complete and detailed information for this waiver. The electronic version will allow expanded responses in each textbox.)

School: _____ Local District: _____ Date: _____

<p>A. Waiver Description:</p>
<p>B. Current Procedures: Briefly describe LAUSD District policy or bargaining unit contract provision for which waiver is requested (attach supporting documentation):</p>
<p>C. Rationale:</p> <p>a. What evidence supports the need to change your school’s current practice? (Attach SPSA page or Update page if applicable)</p> <p>b. How will going beyond current Board policies or bargaining unit contract provisions allow your school to improve?</p>
<p>D. Accountability: Evidence must exist in order for the waiver to be considered for future approval.</p> <p>a. What benchmarks will be used to measure the success of your waiver?</p> <p>b. If the waiver has been granted in the past, what is the evidence of success?</p>

