

ALGEBRA 1 WAIVER REQUEST COVER SHEET FOR ELIGIBLE STUDENTS WITH DISABILITIES

Please complete the following four-step process to file an Algebra 1 Waiver Request:

(1) Electronically complete Sections I and II; (2) Attach the required documentation in Section II; (3) Print the form and obtain the required signatures in Section III; and (4) Submit the completed application and required documentation via school mail to: Lisa Kendrick, Director, LAUSD Division of Special Education, Beaudry Building, Floor 17.

IEP teams are advised this process can take up to nine (9) months. Approval can only be granted by the CA State Board of Ed.

SECTION I. STUDENT INFORMATION:

Name	<input type="checkbox"/> M <input type="checkbox"/> F	DOB	GR	Home Language
Address	City	Zip		
Parent	Language Classification	Phone		
Email	Cumulative Record Carrying School	LD		
School of Residence	Does student have a Section 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does student have a current IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility	Special Ed. Program	<input type="checkbox"/> RSP <input type="checkbox"/> SDP <input type="checkbox"/> Related Services ONLY
Name of Person Completing Form	Title			
Signature of Person Completing Form	Date			
Contact Phone	Contact Cell Phone	LAUSD Email		

Reason for Requesting a Waiver from the California Algebra 1 Requirement:

SECTION II. CHECKLIST OF REQUIRED DOCUMENTATION: Along with this form, please submit paper copies of the following required documents for requesting the waiver from the California Algebra 1 graduation requirement (please refer to pages 3-4 of REF-5982.2 for details about these requirements):

- Completed Algebra I Waiver Request Cover Sheet
- Copies of LAUSD Transcript (including any out-of-District courses)
- Copy of current, active IEP with requested information highlighted in YELLOW (see pages 3 and 4 of this REF-Guide for details)
- Copy of FAPE Parts 1 and 2 for each IEP held during high school with requested information highlighted in YELLOW (see pages 3 and 4 of this REF-Guide for details)

SECTION III. REQUIRED SIGNATURES:

Student Signature	Student Name (printed)	Date
Parent Signature	Parent Name (printed)	Date
Principal Signature	Principal Name (printed)	Date
APSCS Signature	APSCS Name (printed)	Date
IEP Administrator/Designee Signature	IEP Administrator/Designee Name (printed)	Date

For assistance completing this application packet, please contact:
Lela Rondeau, Coordinator, Transition Services at (213) 241-8050, or via email at lela.rondeau@lausd.net.