



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

English Learner Master Plan Waiver Request

ATTACHMENT A

School _____ Local District _____

Date _____ Waiver Request for School Year _____

Please provide complete and detailed information for this waiver. Each waiver will be reviewed for compliance with California Education Code and federal regulations (*Castañeda v. Pickard*), sound instructional design and appropriate pedagogical principles. The waiver requests must be compliant with the LAUSD/Office for Civil Rights Voluntary Agreement. Waivers continue based on a yearly review of data and school site progress monitoring.

In order to evaluate the adequacy of the program for English Learners, please review the requested waiver using the *Castañeda v. Pickard* three-part test:

- 1) *Is the requested waiver (program or practice) based on an educational theory recognized as sound by some experts in the field or considered by experts as a legitimate experimental strategy?*
- 2) *Is the requested waiver, (program or practice) including resources and personnel, reasonably calculated to implement effectively?*
- 3) *How will the school evaluate and make adjustments where needed to ensure language barriers are actually being overcome?*

A. Waiver Description

- o *Identify the specific component of the English Learner Master Plan for which the waiver is requested (Cite the page number in the English Learner Master Plan).*
- o *Describe the school’s plan of action, ensuring sound instructional design and appropriate pedagogical principles. (Castañeda v. Pickard and EL Master Plan, pg. 109)*



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

B. Rationale

- 0 *Describe the evidence that supports the need to waive implementation of the identified component of the English Learner Master Plan. Provide data and documentation to support the evidence.*
- 0 *Describe how this waiver will improve academic achievement for English Learners using relevant measures (e.g., EL data, Reclassification Data, Language Appraisal Team Meeting Log, Periodic Assessments, Annual Measurable Achievement Objectives, A-G requirements).*

C. Accountability

- 0 *Describe the qualitative and quantitative data will be used to measure the effectiveness of the waiver. (Refer to EL Mater Plan pg. 115-118, Figure 30 for evaluation questions.)*



Certification for Approval

The undersigned certify that formal approval of this waiver request was obtained in accordance with LAUSD/UTLA guidelines including:

- 1. English Learner Advisory Committee formal recommendation. An official meeting was held and a formal vote was conducted. The vote resulted in at least a 50% + 1 vote margin. (Attach agenda, minutes, and sign-in)

ELAC Chairperson's Signature

Date

- 2. Two-thirds agreement of school site certificated bargaining unit members by formal vote. (Attach agenda, minutes, and sign-in)

UTLA Chapter Chairperson's Signature

Date

- 3. An official SSC meeting was held and a formal vote was conducted.. (Attach agenda, minutes, and sign-in)

SSC Chairperson's Signature

Date

- 4. Signature of the Principal.

Principal

Date

Stakeholders' signatures do not guarantee automatic District approval. Each waiver will be reviewed for compliance with California Education Code and federal regulations, sound instructional design and appropriate pedagogical principles.

Return completed EL Master Plan Waiver Request and all documentation to the Local District Superintendent.



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POLICY BULLETIN**

ATTACHMENT A (Cont'd)

<p>Local District Analysis: (Provide rationale if denied.)</p> <p> <input type="checkbox"/> Approved (Attach MOU) <input type="checkbox"/> Conditionally Approved (Attach MOU) <input type="checkbox"/> Denied (Attach letter) </p>		
_____	_____	_____
Local District Superintendent	Date	Waiver Expiration
<p>Send a copy of signed Waiver Request to: Multilingual and Multicultural Education Department, Beaudry Bldg., 25th Floor</p>		
<p>Multilingual and Multicultural Education Department Analysis:</p> <p> <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Denied </p>		
_____	_____	
Executive Director MMED	Date	
<p>Los Angeles Unified School District Chief Academic Officer Analysis:</p> <p> <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Denied </p>		
_____	_____	
Chief Academic Officer	Date	

**All records of the waiver will be maintained with the Local District English Learner Programs Coordinator and the Multilingual & Multicultural Education Department.*

Final Signed Copy: Chief Academic Officer
 LD Superintendent Instructional Director
 LD Coordinators, EL Instruction and EL Programs
 MMED Executive Director
 MMED Coordinators, EL Instruction and EL Programs
 Principal