

GENERAL WAIVER REQUEST

GW-1 (Rev. 4-24-09)

<http://www.cde.ca.gov/re/lr/wr/>

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First Time Waiver: X

Renewal Waiver: —

Send Original plus one copy to:

Waiver Office, California Department of Education
1430 N Street, Suite 5602

Sacramento, CA 95814

Send Electronic copy and back-up material to:

waiver@cde.ca.gov

Faxed originals will not be accepted!

Agenda Item No. 25
July 21, 2009
County Board of Education

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Local educational agency: EL DORADO COUNTY OFFICE OF EDUCATION			Contact name and recipient of approval/denial notice: CATHY BEAN, Deputy Superintendent			Contact person's e-mail address: cbean@edcoe.org		
Address: (City) (State) (ZIP) 6767 Green Valley Road, Placerville, CA 95667			Phone (and extension, if necessary): 530-295-2271 Fax Number: 530-621-1395					
Period of request: (month/day/year) From: 7/1/09 To: 6/30/10		Local board approval date: (Required) 7/21/09			Date of public hearing: (Required) 7/21/09			

LEGAL CRITERIA

1. Under the general waiver authority of *Education Code* 33050-33053, the particular *Education Code* or *California Code of Regulations* section(s) to be waived (number): **3051.16** Circle One: EC or CCR

Topic of the waiver: **Certification requirements for educational interpreters for deaf and hard of hearing pupils.**

2. If this is a renewal of a previously approved waiver, please list Waiver Number: **N/A** and date of SBE Approval **N/A**

3. Collective bargaining unit information. Does the district have any employee bargaining units? No Yes If yes, please complete required information below:

Bargaining unit(s) consulted on date(s): **7/13/09**

Name of bargaining unit and representative(s) consulted: **Brenda Higgins, Chapter 488 President, California School Employees Association for the El Dorado County Office of Education**

The position(s) of the bargaining unit(s): Neutral Support Oppose (Please specify why)

Comments (if appropriate):

4. Public hearing requirement: A public hearing is not simply a board meeting, but a properly noticed public hearing held during a board meeting at which time the public may testify on the waiver proposal. Distribution of local board agenda does not constitute notice of a public hearing. Acceptable ways to advertise include: (1) print a notice that includes the time, date, location, and subject of the hearing in a newspaper of general circulation; or (2) in small school districts, post a formal notice at each school and three public places in the district.

How was the required public hearing advertised?

Notice in a newspaper Notice posted at each school Other: (Please specify) **Special Hearing Notice Posted three separate places on the EDCOE Campus**

5. Advisory committee or school site councils. Please identify the council(s) or committee that reviewed this waiver:

Date the committee/council reviewed the waiver request: **7/15/09**

Were there any objection(s)? No Yes (If there were objections please specify)

6. *Education Code or California Code of Regulations* section to be waived. If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact phrases requested to be waived (or use a strike out key if only portions of sections are to be waived). **5 CA ADC §3051.16**

Certification requirements for educational interpreters for deaf and hard of hearing pupils. (1) Any educational interpreter for deaf and hard of hearing pupils employed as of January 1, 2007 must be certified by the Registry of Interpreters for the Deaf (RID) or equivalent, or if providing cued speech interpreting services, by any certifying body recognized by the National Cued Speech Association (NCSA).

7. **Desired outcome/rationale.** State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. If more space is needed, please attach additional pages.
A waiver is being requested to provide additional time for current educational interpreters for deaf and hard of hearing pupils to obtain appropriate certification so that students are not without interpreters. Many educational interpreters have been working towards meeting the qualifications necessary, but more time and training is needed for them to become fully certified.

8. **Demographic Information:**
For this waiver, the El Dorado County Office of Education has a DH/H student population of eight (8) and is located in El Dorado County.

9. For a renewal waiver only, district also must certify:

True	False	
—	—	The facts that precipitated the original waiver request have not changed.
—	—	The remedy for the problem has not changed.
—	—	Members of the local governing board and district staff are not aware of the existence of any controversy over the implementation of this waiver or the request to extend it.

Renewals of General Waivers must be submitted two months before the active waiver expires. The local governing board must approve the renewal request. Retroactive waivers must go through the First Time Waiver Process.

Is this waiver associated with an apportionment related audit penalty? (per EC 41344) No Yes
 (If yes, please attach explanation or copy of audit finding)

Has there been a Categorical Program Monitoring (CPM) finding on this issue? No Yes
 (If yes, please attach explanation or copy of CPM finding)

District or County Certification – I hereby certify that the information provided on this application is correct and complete.

Signature of Superintendent or Designee:	Title:	Date:
FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY		
Staff Name (type or print):	Staff Signature:	Date:
Unit Manager (type or print):	Unit Manager Signature:	Date:
Division Director (type or print):	Division Director Signature:	Date:
Deputy (type or print):	Deputy Signature:	Date: