



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Waiver Form to Exceed Five Situational Distance Learning Days

Background

An educational institution, defined as a school in the District of Columbia Public Schools (DCPS) or a District of Columbia public charter school, shall have a school year comprised of at least 180 instructional days of at least six hours in length for students. (5A DCMR § 2100.3.) The six hours may include time allotted for lunch periods, recess, and class breaks. The State Superintendent of Education has the authority to approve a waiver from this requirement. The six-hour minimum instructional day requirement does not apply to an evening school program, adult program, pre-kindergarten program, or kindergarten program.

A local education agency (LEA) may request a waiver on behalf of a school when the school's calendar falls short of the regulatory requirements. This form shall be used to make such a request to the Superintendent for approval. The form should be submitted to osse.calendarwaivers@dc.gov.

The Superintendent will respond to the waiver request within five business days. An LEA should not communicate a change to its schedule to students, families, or staff until it has been provided notice by the Superintendent that the waiver request has been approved.

Waiver to Exceed Five Situational Distance Days

An in-person school shall have the ability to convert up to five instructional days to situational distance learning without seeking the Office of the State Superintendent of Education (OSSE) approval. However, a school shall request a waiver when an extraordinary operational condition, (defined as a significant disruption to school operations for an extended period of time or a natural or man-made disaster or disruption that is significant and takes place over an extended period of time), causes the in-person school to convert more than five instructional days to distance learning.

Respond to each of the questions that follow:

School Information

LEA Name:

School Name:

School Year:

1. List the dates and the reasons your school used your bank of five situational distance learning days.

2. Describe the conditions that require your school to turn to situational distance learning and what makes it extraordinary in nature.

Part III: Signatures

By signing below, the signatories attest that the information in this request is accurate to the best of their knowledge. Further, any description of action steps described in this waiver request will be executed upon approval of the waiver. If approved, the waiver is in place only for the school year for which the waiver request is made and does not mean future requests will be honored. Finally, the school should ensure that it makes the necessary modifications to its calendar to align with the approval of the waiver with OSSE procedures.

Head of School Signature

Date:

School Principal Signature

Date: