

STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT OF EDUCATION

MEMORANDUM

- **TO:** The Honorable Members of the State Board of Education
- **FROM:** Joy Hofmeister
- **DATE:** September 24, 2015
- SUBJECT: Deregulation for Library Media Services

The following school is requesting deregulation for the 2015-2016 school year, in order to provide library services to their students by an alternative means. Approval is recommended.

| District | County | Regulation | Alternative Means | Request Years |
|----------------|-----------------|------------------------------------|--|------------------|
| Bowring | Osage* (3) | OAC210:35-5-71 | Use a full-time paraprofessional to operate the library | 1 |
| Buffalo Valley | Latimer* (2) | OAC210:35-5-71 | Use a retired Library Media Specialist 36 days a year with two part-time assistants | 1 |
| Chandler | Lincoln* (3) | OAC210:35-5-71 | Use a full-time assistant to operate the library | 2 |
| Cheyenne | Roger Mills* (3 |)OAC210:35-5-71 OAC 210:35-9-71 | Use a Library Media Specialist as a consultant and a full- time aide | 6 |



STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT OF EDUCATION

| Collinsville Early Childhood, Herald ES and Upper ES | Tulsa* (1) | OAC210:35-5-71 | Use a ¹ / ₂ day Library Media Specialist and a ¹ / ₂ day assistant at Early Childhood; ¹ / ₂ day Library Media Specialist and ¹ / ₂ day assistant at herald ES; and a ¹ / ₂ day Library Media Specialist and ¹ / ₂ day assistant at Upper ES | 2 |
|--|-------------|-----------------------------------|--|---|
| Collinsville High School | Tulsa* (1) | OAC210:35-5-71 | Use a full-time Library Media Specialist with student aides and teachers bringing their classrooms to the library under the teachers' supervision | 2 |
| Collinsville Middle School | Tulsa* (1) | OAC210:35-6-71 | Use a full-time Library Media Specialist with student aides and teachers bring students to the library under the teachers' supervision | 2 |
| Coyle | Logan* (3) | OAC210:35-5-71 | Use teachers taking students to classroom under teacher's supervision, parent volunteers and administrators to over see | 2 |
| Davis | Murray* (4) | OAC210:35-5-71 OAC 210:35-9-71 | Use one Library Media Specialist to oversee three libraries with three full-time paraprofessionals | 3 |



STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT OF EDUCATION

| Deer Creek- Lamont | Grant* (3) | OAC 210:35-9-71 | Use a Library Media Specialist one hour a day and a full-time aide | 3 |
|-----------------------|-----------------|-----------------------------------|--|---|
| Dover | Kingfisher* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use a full-time Library Media Specialist with a full-time aide at the High School and volunteers at the Elementary | 3 |
| Duke | Jackson* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use full-time assistant to operate the library | 2 |
| Freedom | Woods* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use a 1/5 time Library Media Specialist and a full-time assistant | 4 |
| Glencoe | Payne* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use a full-time assistant at each site | 3 |
| Howe | LeFlore* (2) | OAC210:35-5-71 OAC 210:35-9-71 | Use a full-time teacher to operate the library under the guidance of a Library Media Specialist who is the gifted teacher | 3 |
| Hydro-Eakly | Caddo* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use a full-time assistant to operate the library | 1 |
| Jenks | Tulsa* (1) | OAC210:35-6-71 | Use a full-time Library Media Specialist and two full-time assistants | 2 |
| Jones | Oklahoma* (5) | OAC210:35-5-71 OAC 210:35-9-71 | Use a ½ time Library Media Specialist and three full-time aides | 1 |



STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT OF EDUCATION

| Macomb | Pottawatomie* (5) | OAC210:35-5-71 OAC 210:35-9-71 | Use a ½ time Library Media Specialist | 5 |
|--------------------------------|----------------------|-----------------------------------|---|---|
| McCurtain | Haskell* (2) | OAC210:35-9-71 | Use Library Media Specialist three hours a day and teachers bringing students to the library the other half | 1 |
| Minco | Grady* (4) | OAC210:35-5-71 OAC210:35-9-71 | Use a full-time paraprofessional | 1 |
| Osage | Mayes* (2) | OAC210:35-5-71 | Use a half time Library Media Specialist with a full-time aide | 1 |
| Pawhuska | Osage* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use a full-time Library Media Specialist and two full-time aides | 1 |
| Pocola | LeFlore* (2) | OAC210:35-5-71 OAC 210:35-9-71 | Use one Library Media Specialist and two full- time assistants | 2 |
| Seminole | Seminole* (5) | OAC210:35-5-71 | Use a full-time certified Reading Specialist and a full-time assistant | 1 |
| Vian | Sequoyah* (2) | OAC210:35-5-71 | Use a Library Media Specialist to cover both libraries and aides on duty when not covered by the Media Specialist | 2 |
| Waurika Elem. and Middle | Jefferson* (4) | OAC210:35-5-71 OAC 210:35-6-71 | Use a Library Media Specialist 1 to 2 hours a week with a full-time aide | 3 |
| Waurika | Jefferson* (4) | OAC210:35-9-71 | Use a certified teacher | 3 |



STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT OF EDUCATION

| High | | | ¹ / ₂ day with students assistants the other half under the guidance of a Library Media Specialist | |
|---------------------------|---------------|-----------------------------------|---|---|
| Weatherford Burcham ES | Custer* (3) | OAC210:35-5-71 | Use a half-time Library Media Specialist and a full-time aide with a computer lab assistant 2 ¹ / ₂ hours per day | 1 |
| Weatherford High | Custer* (3) | OAC210:35-9-71 | Use a half-time Library Media Specialist and a full-time aide with a student aide every hour | 1 |
| Webbers Falls | Muskogee* (2) | OAC210:35-5-71 OAC 210:35-9-71 | Use a 2/7 time Library Media Specialist and a 5/7 time aide | 1 |
| White Rock | Lincoln* (3) | OAC210:35-5-71 | Use Library Media Specialist from North Rock Creek to consult one hour per week with a full-time aide | 3 |
| Woodland | Osage* (3) | OAC210:35-5-71 OAC 210:35-9-71 | Use one Library Media Specialist and two full- time aides to operate two libraries | 2 |

* The number in the County category represents the Congressional District. See the attached map.

ch

Attachments

210:35-5-71. STAFFING.

The school shall provide staffing for the media program through one of the following arrangements:

| (1) OPTION A. | |
|----------------|--|
| ENROLLMENT | QUALIFIED SPECIALIST REQUIRED |
| Fewer than 300 | At least a half-time certified library media specialist (librarian) |
| 300 to 499 | At least one full-time certified library media specialist (librarian) or a half-time certified library media specialist (librarian) and a full-time library assistant. |
| 500-999 | At least one full-time certified library media specialist (librarian) and a half-time library assistant |
| (2) OPTION B. | |
| ENROLLMENT | QUALIFIED SPECIALIST REQUIRED |
| Fewer than 300 | At least one-fifth time certified library media specialist |
| | (librarian) and a full-time library assistant. |
| 300 to 499 | (librarian) and a full-time library assistant. At least a half-time certified library media specialist (librarian) and a full-time library assistant. |

ADDITIONAL STANDARDS FOR SECONDARY SCHOOLS

210:35-9-71. Staffing

The school shall provide staffing for the library media program through one of the following arrangements:

ENROLLMENT QUALIFIED SPECIALISTS REQUIRED

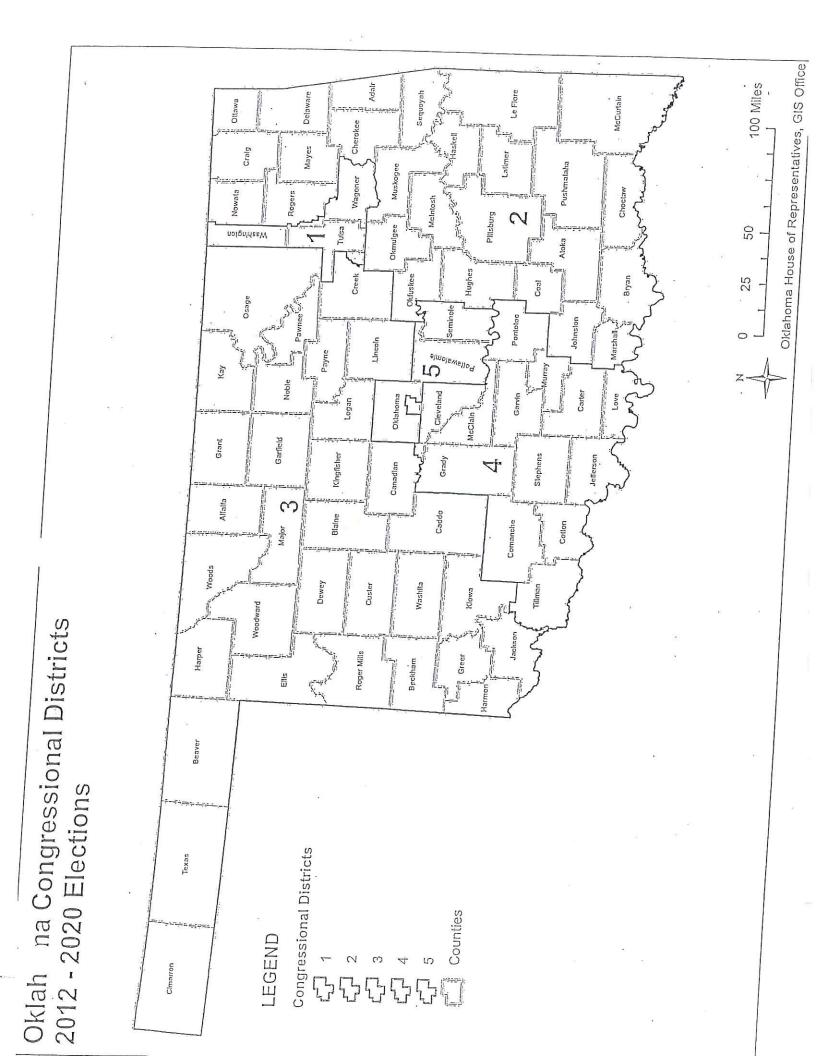
Fewer than 300 At least a half-time certified library media specialist (librarian)

300 to 499 At least one full-time certified library media specialist (librarian) or a half-time library media specialist (librarian) and a full-time library assistant

500 to 999 At least one full-time certified library media specialist (librarian) and a half-time library assistant

1000 to 1499 At least one full-time certified library media specialist (librarian) and one full-time library assistant

1500 plus At least two full-time certified library media specialists (librarians) (92)



| De | eregulation/Statutory | Waiver | Applicat | ion Wo | rksheet | |
|------------------------|-----------------------|--------|----------|---------|---------|------|
| ** SCHOOL YEAR | | | | | | |
| Superintendent: | Nicole Hinkle | Co | unty: | | Osage | |
| District Name: | Bowring | Da | te Rece | eived: | 8/26/15 | |
| School Name: | Elem. | | | | | |
| RAO: | LeGay Riggs | Da | te of Aj | oplicat | tion: | |
| O.A.C. Number: | 210:35-5-71 - Libr | ary Me | dia Ser | vices | | |
| Statute Number: | | | | | | |
| | | | | | | |
| | | TTAA | MIG | BT A | | Mood |

| | 100 | 110 | |
|------------------------------------|-----|-----|------|
| Correct Form: | х | | |
| Correct Standard Stated: | X | | |
| Principal's Signature: | X | | |
| Superintendent's Signature: | X | | |
| Board President's Signature: | x | | |
| Notary with Seal: | x | | |
| Equivalency/Letter of Explanation: | x | | |
| Bell Schedule: | | | |
| School Calendar: | | | |
| Contract(Library/Counseling): | | | |
| | | | |

Focus, Priority, Targeted Intervention school-

| 0 |
|----|
| 0 |
| 87 |
| 87 |
| |

Description: Requesting waiver to use a fulltime paraprofessional to operate the library

Board Month:

Sept. 2015

Approval: ynn Jones

Abbreviated Day/COOP Approved via e-mail(attached)□

| Project Year: | |
|----------------------|-----------|
| School Year: | 2015-2016 |
| Timeline: | |
| CC: | |

Superintendent Principal

| N | 0 | tif | ic | at | io | n |
|---|---|-----|----|----|----|---|
| | | | | | | |

| WIII | l attend |
|------|--|
| will | l attend |
| | 1. 1. 1. 1. T. |

| C C | n | Δ |
|-----|-----|-----|
| 00 | u u | |
| | Sa | sag |

COUNTY

Bowring Public School

SCHOOL DISTRICT

87 CR 3404 Pawhuska Ok 74056

SCHOOL DISTRICT MAILING ADDRESS

Bowring Elementary

NAME OF SITE

PRINCIPAL SIGNATURE

PRINCIPAL SIGNATURE*

PRINCIPAL SIGNATURE*

Nicole Hinkle

SUPERINTENDENT NAME (PLEASE PRINT)

Minkle@bowningps, KI2.0K.US SUPERINTENDENT E-MAIL ADDRESS

SUPERINTENDENT SIGNATURE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on August 5 , 2015

John Stron

MELISSA E STOY NOTARY PUBLIC - STATE OF OKLAHOMA COMMISSION # 15007114 My Commission Expires August 4, 2019 Bonded Through RU Insurance Company

liguest 24, 2015

BOARD PRESIDENT SIGNATURE

NOTARY SEAL ->

Melissa EStoy

Commission # 1500 7114 August 4, 19 COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions)

"Original signatures are required. The attached questionnaire must be answered to process.** to opurate the fully of the second second

DATE

DRECEIVED ACCREDITATION

AUG 2 6 2015

STATE DEPT. OF EDUCATION

SDE USE ONLY

PROJECT YEARS

ENROLLMENT

High School Jr./Middle High Elementary 81 **District** Total

DATE RECEIVED

70 O.S.

1 OAC210 35.5.71 Lesans Media Contra

| Deregulation/Statutory Waiver Application Worksheet | | | | | | |
|---|------------------|-----------------------|---------------|--|--|--|
| ** SCHOOL YEAR | | | | | | |
| Superintendent: | Justin Kennedy | County: | Latimer | | | |
| District Name: | Buffalo Valley | Date Received: | 8/17/15 | | | |
| School Name: | Elem. and High | | | | | |
| RAO: | Larry Stogner | Date of Applicat | tion: | | | |
| O.A.C. Number: | 210:35-5-71 & 21 | 0:35-9-71 - Library M | edia Services | | | |
| Statute Number: | | | | | | |
| | | | | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|----|------|
| Correct Form: | X | | | |
| Correct Standard Stated: | x | | | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | X | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | - | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- ES Priority

| Enrollment | | |
|---------------------------|-----|--|
| High School | 60 | |
| Middle/Junior High School | 0 | |
| Elementary School | 110 | |
| Total Enrollment | 170 | |

Description: Requesting waiver to use a retired Library Media Specialist 36 days a year with 2 part-time assistants

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: | | | | |
|----------------------|-----------|----------------|--------------|-------------|
| School Year: | 2015-2016 | | Notification | |
| Timeline: | | Superintendent | | will attend |
| CC: | | — Principal | | will attend |
| | | | | |

| Latimer | Buffalo Valley School District |
|--|--|
| COUNTY | SCHOOL DISTRICT |
| 4384 SE Hwy 63, Talihina, OK 74 | 4571-5961 |
| SCHOOL DISTRICT MAILING ADDRESS | |
| Buffalo Valley Elementary and Hi | igh School |
| | |
| | 8-10-15 |
| PRINCIPAL SIGNATURE* | DATE |
| | 8-10-15 |
| PRINCIPAL SIGNATURE* | DATE |
| , | |
| PRINCIPAL SIGNATURE* | DATE |
| | Patropen and |
| Justin Kennedy | ACCREDITATION |
| SUPERINTENDENT NAME (PLEASE PRINT) | AUG 1 7 2015 |
| jkennedy@bvpsd.org | |
| SUPERINTENDENT E-MAIL ADDRESS | STATE DEPT. OF EDUCATION |
| Justin Kennetty | 8-10-15 |
| SUPERINTENDENT SIGNATURE* | DATE |
| 0 | SDE USE ONLY |
| I hereby certify that this waiver/deregulation application local board of education at the meeting on <u>Augu</u> | ation was approved by our |
| | / of / |
| Kumell Shaw | |
| BOARD PRESIDENT SIGNATURE* | ENROLLMENT |
| NOTARY SEAL -> | <u><u> </u></u> |
| A m D it | $ \begin{array}{c} $ |
| NOTARY NOTARY | IN DARTAR |
| | #00008848 2 170 District Total |
| 7-7-2016 COMMISSION EXPIRATION DATE | EXP. 07/07/16 P. D. S. S. S. Que 17 2015 |
| Priority | DATE RECEIVED |
| Statute/Ok ahoma Administrative Code to be W (specify statute or OAC (deregulation) number: (see OAC 210:35-5-71 and OAC 210-35-9-71 | e instruction oklahumining 70 O.S. |
| OAC 210:35-5-71 and OAC 210-35-9-71 | 210 35 . 5.71 |
| "Original signatures are required. The attached questionnaire) a LMS (retried) 36 days a c | must be answered to process. |
| the 2 Dust time and starte | Litrary Media Se |

| De | eregulation/Statutor | y Waiver | Applica | ation Wor | ksheet | |
|-----------------------|----------------------|--------------|----------|-----------|------------------------------|--|
| ** SCHOOL YEAR | | | | | | |
| | Wayland Kimble | | ounty: | | Lincoln | |
| District Name: | Chandler | D | ate Ree | ceived: | Aug. 12. 2015 | |
| School Name: | Park Road Elem. | | | | | |
| RAO: | Linda Proctor-Moc | ore D | ate of A | Applicati | on: | |
| O.A.C. Number: | 210:35-5-71 - Lil | orary M | edia Se | ervices | | |
| Statute Number: | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | Х | | | | |
| a . a. 1 1 | CI I 1 | | | | A GEORGEORGEO A CALLAR DE MA | |

| Correct Standard Stated: | х | | | |
|------------------------------------|---|------|---------|------|
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | -1.2 |
| Bell Schedule: | | | | |
| School Calendar: | | | - 1 - L | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school-

EnrollmentHigh School303Middle/Junior High School170Elementary School695Total Enrollment1168

Description: Requesting waiver to use a fulltime assistant to operate the library

Approval: Lynn Jones

Sept. 2015

Abbreviated Day/COOP Approved via e-mail(attached)□

Board Month:

| Project Year: | | | NT | |
|---------------------------|-----------|----------------|---------------------|-------------|
| School Year: Timeline: | 2015-2016 | Superintendent | Notification | will attend |
| CC: | | Principal | | will attend |

| Lincoln | Chandler |
|--|--|
| COUNTY | SCHOOL DISTRICT |
| 901 South CHS Street Chandler, Ok 74834 | 1 |
| SCHOOL DISTRICT MAILING ADDRESS | r |
| | |
| Park Road Elementary | |
| NAME OF SITE | |
| Mildildoma | 8-10-15 |
| PRINCIPAL SIGMATURE* | DATE |
| 0 | |
| PRINCIPAL SIGNATURE* | DATE |
| FRINGI AL SIGNATURE | DATE |
| | |
| PRINCIPAL SIGNATURE* | DATE |
| Wayland Kimble | RECEIVED |
| SUPERINTENDENT NAME (PLEASE PRINT) | |
| | AUG 1 2 2015 |
| WKIMBLE Q chandler. K12. OK. (SUPERINTENDENT E-MAIL ADDRESS | STATE DEPT. OF EDUCATION |
| | |
| Wayled Rinh | 8-06-2015 |
| SUPERINTED DENT SIGNATURE* | DATE |
| | |
| I hereby certify that this waiver/deregulation applicat | |
| local board of education at the meeting on <u>August 1</u> | 10 , 20 <u>15</u> PROJECT YEARS |
| Ath A | OFFICIAL SEAL Of 2 |
| BOARD PRESIDENT SIGNATURE* | NOTARY PUBLIC OKLAHOMA ENROLLMENT |
| | LINCOLN COUNTY |
| NÓTARY SEAL -> | COMM. NO. 09004887 High School |
| | 2 Jun 1/ |
| NOTARY NOTARY | $\frac{8/10/15}{695}$ Elementary |
| 1 1 | 1,168 District Total |
| 6/10/17 | |
| commission expiration date | to operate lug 12, 2015 |
| COMMISSION EXPIRATION DATE Use full - time assistan Statute/Oklahoma Administrative Code to be Wai | ived: library |
| (specify statute or OAC (deregulation) number: (see i | instructions) 70 O.S |
| *Original signatures are required. The attached questionnaire m | OAC (0:35.5.7) |
| Chymanaignatores are required. The attached questionnalle mi | ust be answered to process.** OA@2(0:35.5.71 |
| | Jurary Weden Service |

| De | eregulation/Statutor | y Waiver Application Wo | orksheet |
|-----------------------|----------------------|-------------------------|---------------|
| ** SCHOOL YEAR | 2015-2016**** | | |
| Superintendent: | Rick Garrison | County: | Roger Mills |
| District Name: | Cheyenne | Date Received: | Aug. 12, 2015 |
| School Name: | Elem. and High | | |
| RAO: | Kirk Warnick | Date of Applica | tion: |
| O.A.C. Number: | 210:35-5-71 & 21 | 0:35-9-71 – Library M | edia Services |
| Statute Number: | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|---------------|--|
| Correct Form: | х | | | |
| Correct Standard Stated: | X | | 1 14 | 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 - 199 |
| Principal's Signature: | X | | | |
| Superintendent's Signature: | X | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | CA TOTAL LINE | and the second |
| | | | | |

Focus, Priority, Targeted Intervention school-

| Enrollment | | |
|---------------------------|-----|--|
| High School | 84 | |
| Middle/Junior High School | 0 | |
| Elementary School | 292 | |
| Total Enrollment | 376 | |

Description: Requesting waiver to use a Library Media Specialist as a consultant and a full-time aide to operate the library

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: 6 of 6 School Year: 2015-20 | – – Superintendent | Notification | will attend |
|--|-----------------------|--------------|-------------|
| Timeline: CC: | _ Principal | | will attend |

| Roger Mills | Cheyenne Public Schoo | ol |
|---|--|--|
| COUNTY | SCHOOL DISTRICT | |
| PO Box 650 Cheyenne Oklahoma 73628 SCHOOL DISTRICT MAILING ADDRESS | | |
| Cheyenne High School (705) Cheyenne Elen | nentary (105) | |
| PRINCIPAL SIGNATURE* Belinda Charpont | | DATE |
| PRINCIPAL SIGNATURE* | | DATE |
| PRINCIPAL SIGNATURE* | | DATE |
| Rick Garrison SUPERINTENDENT NAME (PLEASE PRINT) | | |
| SUPERINTENDENT E-MAIL ADDRESS | 12.08.45 | |
| SUPERINTENDENT SIGNATURE* | | DATE |
| | | SDE USE ONL |
| I hereby certify that this waiver/deregulation applicat local board of education at the meeting on <u>August 1</u> | ion was approved by our 0, 20 <u>15</u> | PROJECT YEARS |
| BOARD PRESIDENT SIGNATURE* | | ENROLLMENT 왕석 High School |
| NOTARY SEAL -> | | U Jr./Middle Higł |
| Melda Uelad | 8/10/15 DATE | $\frac{2\hat{9}\mathcal{V}}{221}$ Elementary |
| 5/12/17 COMMISSION EXPIRATION DATE | (1 +) | <u>314</u> District Total |
| Use ZMS as a Confuct and | | DATE RECEIVED |
| (specify statute or OAC (deregulation) number: (see a required and a full *Original signatures are required. The attached questionnaire | l fine | 70 O.S. OAC 210 35. |
| *Original signatures are required. The attached question dues | seror exit (5) | 70 0.5. OAC 210 35. 210 35. Library Med |

| De | eregulation/Statuto | ry Waiver | Applica | ation Wo | rksheet | | |
|-----------------------|---------------------|------------|----------|-----------|----------|------|--|
| ** SCHOOL YEAR | 2015-2016**** | | | | | | |
| Superintendent: | Lance West | | ounty: | | Tulsa | | |
| District Name: | Collinsville | | | ceived: | | | |
| School Name: | Early Childhood, J | Herald Ele | m., and | l Upper I | Elementa | ry | |
| RAO: | | Da | ate of A | Applicat | tion: | | |
| O.A.C. Number: | | | | | | | |
| Statute Number: | 210:35-5-71 - Libi | rary Media | Servic | es | | | |
| | | | | | | | |
| | | Yes | No | NA | | Need | |
| Correct Form | | x | | | | | |

| Correctional | |
|------------------------------------|---|
| Correct Standard Stated: | X |
| Principal's Signature: | X |
| Superintendent's Signature: | Х |
| Board President's Signature: | X |
| Notary with Seal: | X |
| Equivalency/Letter of Explanation: | X |
| Bell Schedule: | |
| School Calendar: | |
| Contract(Library/Counseling): | |
| | |

Focus, Priority, Targeted Intervention school-

| <u>Enrollment</u> | | |
|---------------------------|------|--|
| High School | 758 | |
| Middle/Junior High School | 585 | |
| Elementary School | 1280 | |
| Total Enrollment | 2623 | |

Description: Requesting waiver to use a ½ day Librarian and a ½ day Assistant at Early Childhood; ½ day librarian, ½ day assistant at Herald; and a ½ day librarian and ½ day assistant at Upper. See schedule attached **Board Month:**

Sept. 2015

Approval Lynn Jones

| Project Year: 2 of 2 School Year: 2015-2016 | - Notification | | | |
|--|----------------|----------------|--|-------------|
| Timeline: | | Superintendent | | will attend |
| CC: | | Principal | | will attend |

COLLINSVILLE PUBLIC SCHOOLS -LOOG

COUNTY

TULSA-72

SCHOOL DISTRICT

ACCREDITATION AUG 1 4 2015

STATE DEPT. OF EDUCATION

2015

415

8

1902 WEST MAPLE COLLINSVILLE, OK 74021

SCHOOL DISTRICT MAILING ADDRESS

105- EARLY CHILDHOOD 125- HERALD ELEMENTARY 130- UPPER ELEMENTARY

NAME OF PRINCI

PRINCIPAL SIGNATURE

LANCE WEST

SUPERINTENDENT NAME (PLEASE PRINT)

JWEST @ COllinsville, KIZ. OK. US SUPERINTENDENT E-MAIL ADDRESS

SUPERINTENDENT SIGNATURE*

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on <u>AUGUST 10</u>, 20<u>15</u>

BOARD PRESIDENT SIGNATURE*

NOTARY SEAL -> NOTARY

COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions)

*Original signatures are required. The attached questionnaire must be answered to process.**

08/00/15 SDE USE ONLY **PROJECT YEARS** 2 of 2

AU-

STATE DEPT. OF EDUCATION

ENROLLMENT

158 High School かう Jr./Middle High

280 Elementary

2,423 District Total

DATE HECEIVED

70 O.S.

lerang Melen Services OAC

| De | eregulation/Statutor | y Waiver | Applica | ation Wo | orksheet | |
|-------------------------|----------------------|----------|---------|----------|-----------------|--|
| ** SCHOOL YEAR | 2015-2016**** | | | | | |
| Superintendent: | Lance West | | ounty: | | Tulsa | |
| District Name: | Collinsville | D | ate Re | ceived: | August 14, 2015 | |
| School Name: | High School | | | | | |
| RAO: | Jeff Colclasure | | | Applica | tion: | |
| O.A.C. Number: | 210:35-9-71- Lib | rary Me | dia Sei | rvices | | |
| Statute Number: | | | | | | |
| | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | Х | | | | |
| Correct Standard | Stated: | x | | | | |

| Correct Standard Stated: | X |
|-------------------------------------|----------|
| Principal's Signature: | X |
| Superintendent's Signature: | <u>x</u> |
| Board President's Signature: | <u>x</u> |
| Notary with Seal: | <u>x</u> |
| Equivalency/Letter of Explanation: | <u>x</u> |
| Bell Schedule: | |
| School Calendar: | |
| Contract(Library/Counseling): | |
| | |

Focus, Priority, Targeted Intervention school-

| <u>Enrollment</u> | | |
|---------------------------|------|--|
| High School | 758 | |
| Middle/Junior High School | 585 | |
| Elementary School | 1280 | |
| Total Enrollment | 2623 | |

Description: Requesting waiver to use a fulltime Library Media Specialist with student aides and also teachers bringing their classrooms to the library under the teacher's directions **Board Month**:

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | | | Notification | |
|-------------------------------|---|----------------|--------------|-------------|
| Timeline: | | Superintendent | | will attend |
| CC: | | — Principal | | will attend |
| | - | | | |

| TULSA COUNTY- 72 | COLLINSVILLE PUBLIC SCHOOLS - I-006 | | |
|--|--|--|--|
| COUNTY | SCHOOL DISTRICT | | |
| 1902 WEST MAPLE COLLINSVILLE, OK 740 |)21 | | |
| SCHOOL DISTRICT MAILING ADDRESS | | | |
| 705- COLLINSVILLE HIGH SCHOOL | | | |
| | | | |
| \wedge $//$ | | | |
| You Colana | 8-5-15 | | |
| CRINCIPAL SIGNATURE* | DATE | | |
| PRINCIPAL SIGNATURE* | DATE | | |
| PRINCIPAL SIGNATURE* | DATE | | |
| LANCE WEST | | | |
| SUPERINTENDENT NAME (PLEASE PRINT) | | | |
| 1 West & collinsville .K | 12.0K.US | | |
| 2 Ame Wall ADDRESS | 08/06/15 | | |
| SUPERINTENDENT SIGNATURE* | DATE | | |
| | SDE USE ONLY | | |
| I hereby certify that this waiver/deregulation application | | | |
| local board of education at the meeting on <u>AUGUST 1</u> | $\begin{array}{c} 0 \\ 20 \\ 15 \\ 2 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$ | | |
| Alter Atu | | | |
| BOARD PRESIDENT SIGNATURE* | ENROLLMENT | | |
| (NOTARY SEAL -> | 758 High School | | |
| Might 12 | Q -10 -1 - 585 Jr./Middle High | | |
| Mlaue Manett | 8-10-15 [24] standard | | |
| 1 20 11 | DATE 7 <u>200</u> Elementary 2,623 District Total | | |
| COMMISSION EXPIRATION DATE | | | |
| use full time Ms with sh | identailes Ung 14 2015 | | |
| Statute/Oklahoma Administrative Code to be Waived | DATE RECEIVED | | |
| (specify statute or OAC (deregulation) number: (see instru | 100.5 | | |
| + feachers lunging Classes To *Original signatures are required. The attached questionnaire must be | | | |
| Singinal signatores are required. The attached questionnal e most of | / ····· | | |

Library Media Services

| De | eregulation/Statutor | ry Waiver | Applica | ation Wo | orksheet |
|-----------------------|----------------------|-----------|----------|----------|-----------------|
| ** SCHOOL YEAR | 2015-2016**** | | | | |
| Superintendent: | Lance West | Co | ounty: | | Tulsa |
| District Name: | Collinsville | Da | ate Re | ceived: | August 16, 2015 |
| School Name: | Middle School | | | | |
| RAO: | Jeff Colclasure | Da | ate of A | Applica | tion: |
| O.A.C. Number: | 210:35-6-71 - Li | brary M | edia Se | ervices | |
| Statute Number: | | | | | |
| | | | | | |
| | | Yes | No | NA | Need |
| Correct Form: | | Х | | | |

| Correct Standard Stated: | X | and the second s |
|-------------------------------------|---|--|
| Principal's Signature: | x | |
| Superintendent's Signature: | X | |
| Board President's Signature: | x | |
| Notary with Seal: | х | |
| Equivalency/Letter of Explanation: | x | |
| Bell Schedule: | | |
| School Calendar: | | |
| Contract(Library/Counseling): | | |
| | | |

Focus, Priority, Targeted Intervention school-

Enrollment

| High School | 758 |
|---------------------------|------|
| Middle/Junior High School | 585 |
| Elementary School | 1280 |
| Total Enrollment | 2623 |

Description: Requesting waiver to use a fulltime Library Media Specialist with students aides and also teachers bringing students to the library under the teachers' guidance

Board Month:

Sept. 2015

Approval: Lynn Jones

Abbreviated Day/COOP Approved via e-mail(attached)□

| Project Year: | |
|----------------------|-----------|
| School Year: | 2015-2016 |
| Timeline: | |
| CC: | |
| | |

Superintendent <u>Notification</u> Principal

will attend will attend

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION school year for 20 15 – 20 16

TULSA COUNTY-72

COLLINSVILLE PUBLIC SCHOOLS - I-006

COUNTY

SCHOOL DISTRICT

1902 WEST MAPLE COLLINSVILLE, OK 74021

CHOOL DISTRICT MAILING ADDRESS

| SCHOOL DISTRICT MAILING ADDRESS | |
|--|--|
| 500- COLLINSVILLE MIDDLE SCHOOL | |
| NAME OF SITE | |
| The dans | 8/5/15 |
| PRINCIPAL SIGNATURE* | DATE |
| | |
| PRINCIPAL SIGNATURE* | DATE |
| PRINCIPAL SIGNATURE* | DATE |
| LANCE WEST | |
| SUPERINTENDENT NAME (PLEASE PRINT) | |
| LWEST@COLLINSVILLE.KIZ.OK.US | |
| 2m Wgst | 08/010/15 |
| I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on <u>AUGUST 10</u> AUGUST 10 AUGUST 10 NIE O NIE O | SDE USE ONLY PROJECT YEARS 2 of 2 ENROLLMENT 75% High School |
| NOTARY SEAL > MULAMUL AWARET BAYCOLOGIUM | $\frac{585}{2,623}$ Jr./Middle High J <u>280</u> Elementary 2,623 District Total |
| 2-29-16 COMMISSION EXPIRATION DATE Use a full time IMS with student Statute/Oklahoma Administrative Code to be Waived: | DATE REPEIVED |
| (specify statute or OAC (deregulation) number: (see instructions) ander & teachers lunging students to | 70 O.S. |
| *Original signatures are required. The attached quest innaire must be answered to process.** | OAC 210:35.6. |
| Classions | Fibrary Medea |

OAC 210:35.6.71 Library Medea Seurces

| Deregulation/Statutory Waiver Application Worksheet | | | | |
|---|----------------------|-------------------|----------------|--|
| ** SCHOOL YEAR : | 2015-2016**** | | | |
| Superintendent: | Josh Sumrall | County: | Logan | |
| District Name: | Coyle | Date Received: | 8/27/15 | |
| School Name: | Elem. and High | D . CA 1' | | |
| RAO: | Kim Hale | Date of Applica | tion: | |
| O.A.C. Number: | 210:35-5-71 and 210: | 35-9-71 – Library | Media Services | |
| Statute Number: | | | | |
| | | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|---------|---------|
| Correct Form: | X | | <u></u> | |
| Correct Standard Stated: | X | | | |
| Principal's Signature: | х | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | X | | | · · · · |
| Equivalency/Letter of Explanation: | х | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- ES – Targeted Intervention

| Enrollment | | |
|---------------------------|-----|--|
| High School | 76 | |
| Middle/Junior High School | 0 | |
| Elementary School | 224 | |
| Total Enrollment | 300 | |

Description: Requesting waiver to use teachers taking their students to the library and remain there aiding the student in checking out books. Also a reading specialist and a secretary are available nearby to assist

Board Month:

Sept. 2015

Approval: Lynn Jones

Abbreviated Day/COOP Approved via e-mail(attached)□

| Logan | Coyle Public Schools | 3 | |
|--|--|--|---------|
| COUNTY | SCHOOL DISTRICT | | |
| PO Box 287 Coyle, Ok. | 73027 | | |
| SCHOOL DISTRICT MAILING ADD | RESS | | |
| Coyle Elementary (105) | & Coyle High School (705) | | |
| NAME OF SITE | | | |
| Juites Day | (PK-12 Principal) | 8/10/15 | |
| PRINCIPAL SIGNATURE | (I K)~ (I K)) | DATE | |
| | | | |
| PRINCIPAL SIGNATURE* | | DATE | |
| | | | |
| PRINCIPAL SIGNATURE* | | DATE | |
| Joah Querrall | | | |
| Josh Sumrall SUPERINTENDENT NAME (PLEASE | PRINT) | | |
| | | | |
| JSUMFAIL COYLE SUPERINTENDENT E-MAIL ADDRE | 2. K12. OK. US | | |
| SUPERINTENDENT E-MAIL ADURE | | | |
| Andreas | | 8/10/15 | |
| SUPERINTENDENT SIGNATURE* | | DATE | |
| | | SDE USE ONLY | |
| I hereby certify that this waive local board of education at th | r/deregulation application was approved by our e meeting on August 10 , 20 15 | PROJECT YEARS | |
| A (11). | | 2 of 2 | |
| Carl Willi | lu~ | | |
| BOARD PRESIDENT SIGNATURE* | A STATION | ENROLLMENT | |
| NOTARY SEAL -> | (# 07000009) (EXP. 09/17/15) | 76 High School | |
| loopia Johnson | 8/10/15 | Jr/Middle High | |
| Jeanie Johnson | DATE | 224 Elementary | |
| September 17, 2015 | V | 360 District Total | |
| COMMISSION EXPIRATION DATE | | J= | |
| | | DATE RECEIVED | |
| Statute/Oklahoma Administr (specify statute or OAC (derec | | 70.0 5 | |
| OAC 210:35-5-71 OAC 210:35-9-71 | gulation) number: (see instructions) Library Media Services Elementary Library Media Services Secondary e attached questionnare must be answered to process " | 70 0.5. | |
| Original signatures are required. Th | e attached questionnaire must be answered to process *** | 21035-9.71 | 0 |
| | | Que mili | Leurces |
| | 1 A A transferred | 70 0.5. OAC 210 3 5 . 5 . 71 210 35 - 9 . 71 Kilirary Media | |
| nul SS Jarge | eddulervention | U | |
| differe of | eddutervention | | |
| | all take then st | udents to | |
| Jeachus 1 | VILL ROME A VILLE SI |) clane | |
| the cluss | worn and remain | n que | |
| , | 1 1 1 1 A LA LA LA LA LA | 1000 | |
| andingth | em in chicking ou | 1 secretary | |
| 00 01 | Vindice, mecialist a | Mal received | |
| 100000 | available nearly I | samst. | |
| will ne | no and and f | | |

| Deregulation/Statutory Waiver Application Worksheet | | | | |
|---|------------------------|------------------|----------------|--|
| ** SCHOOL YEAR : | 2015-2016**** | | | |
| Superintendent: | Todd Garrison | | Murray | |
| District Name: | Davis | Date Received: | Aug. 12, 2015 | |
| School Name: | Elem., Middle and High | | | |
| RAO: | Ryan Pieper | Date of Applicat | tion: | |
| O.A.C. Number: | 210:35-5-71 and 210:3 | 5-9-71 – Library | Media Services | |
| Statute Number: | | | | |
| | | | | |

| Yes | No | NA | Need |
|-----|---------------------------------|----|------|
| х | | | |
| x | | | |
| x | | | |
| x | | | |
| x | | | |
| x | | | |
| x | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | X X X X X X X | X | X |

Focus, Priority, Targeted Intervention school- ES & MS Focus

EnrollmentHigh School272Middle/Junior High School319Elementary School468Total Enrollment1060

Description: Requesting waiver to use one Library Media Specialist to oversee three libraries with three full-time paraprofessionals

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: School Year: | | - 55.374 | Notification | |
|-------------------------------|-------------------------------------|------------------|--------------|-------------|
| Timeline: | | - Superintendent | | will attend |
| CC: | | — Principal | | will attend |
| | were starting to be a second second | | | |

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION school year **- 20** 16 for 20 15

Davis

SCHOOL DISTRICT COUNTY 400 East Atlanta St. Davis OK 73030 SCHOOL DISTRICT MAILING ADDRESS Davis Elementary (105) Davis Middle School (505) Davis High School (705) NAME OF SITE 8/10/15 DATE PRINCIPAL SIGNATURE 8/10/15 DATE mme PRINCIPAL SIGNATURE 8/10/15 DATE PRINCIPAL SIGNATURE* RECEIVED ACCREDITATION du Dall, sou AUG 1 2 2015 SUPERINTENDENT NAME (PLEASE PRINT) Odavis. K12. ok. us STATE DEPT. OF EDUCATION allison E-MAIL ADDRESS 8/10/15 SUPERINTENDE SIGNATURE SDE USE ONLY hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on lug le ,20 15 **PROJECT YEARS** 3 of 3 thete Drena ENROLLMENT BOARD PRESIDENT SIGNATURE OFFICIAL SEAL 273 High School **CARRIE TRUVER** NOTARY PUBLIC STATE OF OKLAHOMA NOTARY SEAL -> SEAL 319 Commission # 12003519 Jr./Middle High My Commission Expires 04-12-2016 EVALIC 8 10 15 468 Elementary DATE 1,060 **District Total** May 12 2015 COMMISSION EXPIRATION DATE ES+MS- HOCUS DATE RECEIVE Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. use one LMS to oversee 3 elbranes OAC 21035.9-71 *Original signatures are required. The attached questionnaire must be answered to process.** Julian media 12 2 dull shime) Daramolerumas Services

Murray

| | eregulation/Statutory V | Vaiver | Applica | ation Wo | rksheet |
|-----------------------|-------------------------|--------|---------|----------|---------------|
| ** SCHOOL YEAR | 2015-2016**** | | | | |
| | James Lewis | | unty: | | Grant |
| District Name: | Deer Creek-Lamont | Da | ite Rec | ceived: | Aug. 10, 2015 |
| School Name: | High School | | | | |
| RAO: | LeGay Riggs | | | Applicat | tion: |
| O.A.C. Number: | 210:35-9-71 – Libra | nry Me | edia Se | ervices | |
| Statute Number: | | | | | |
| | | | | | |
| | | Yes | No | NA | Need |
| Correct Form: | | X | | | |

| correction | 4. | | | | | |
|---|----|---------|---|---|---------------|--|
| Correct Standard Stated: | X | | | | | |
| Principal's Signature: | x | | | | | |
| Superintendent's Signature: | x | | | | | |
| Board President's Signature: | x | | | | | |
| Notary with Seal: | x | | | | | |
| Equivalency/Letter of Explanation: | x | | | | | |
| Bell Schedule: | | | | | | |
| School Calendar: | | | | | | |
| Contract(Library/Counseling): | | · · · · | Å | A | | |
| | | | | | o en Setteres | |

Focus, Priority, Targeted Intervention school-

EnrollmentHigh School51Middle/Junior High School0Elementary School116Total Enrollment167

Description: Requesting waiver to use a Library Media Specialist one hour a day and a full-time aide to operate the library

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: School Year: | | <u> </u> | Notification | |
|-------------------------------|--|------------------------|--------------|-------------|
| Timeline: | | Superintendent | | will attend |
| CC: | - | [—] Principal | | will attend |
| | and the second | | | |

| Grant (27) | Deer Creek-Lamor | nt (1095) |
|---|--------------------------------|---------------------------|
| COUNTY | SCHOOL DISTRICT | |
| PO Box 10 Lamont, OK 74643-0010 | | |
| SCHOOL DISTRICT MAILING ADDRESS | | |
| Deer Creek-Lamont High School (705) | | |
| NAME OF SITE | | |
| tozel | | 8-4-2015 |
| PRINCIPAL SIGNATURE* | | DATE |
| 2W.E | | 8-4-2015 |
| PRINCIPAL SIGNATURE* | | DATE |
| 46.85 | | 8-4-2015 |
| PRINCIPAL SIGNATURE* | 4 | DATE |
| JAMES Lewis | | RECEIVED ACCREDITATION |
| SUPERINTENDENT NAME (PLEASE PRINT) | | AUG 1 0 2015 |
| 10 50 del Kin mar | | |
| Jewis DeclaKIZ, org SUPERINTENDENT E-MAIL ADDRESS | | STATE DEPT. OF EDUCATION |
| Jam to | | 8-4-2015 |
| SUPERINTENDENT SIGNATURE* | | DATE |
| \mathcal{O} | | |
| I hereby certify that this waiver/deregulation applica | tion was approved by our | SDE USE ONLY |
| local board of education at the meeting on August | | PROJECT YEARS |
| m. to Williams | | <u>3</u> of <u>3</u> |
| BOARD PRESIDENT SIGNATURE* | | ENROLLMENT |
| NOTARY SEAL -> | | <u>51</u> High School |
| | 0.4.0045 | <i>0</i> Jr./Middle High |
| Cathy Aldrich | 8-4-2015 | 116 Elementary |
| NOTARY | DATE | 112 |
| 2-20-2016 | | /// District Total |
| COMMISSION EXPIRATION DATE | | Jug 10 2015 |
| Statute/Oklahoma Administrative Code to be Wa | ived: | DATE RECEIVED |
| (specify statute or OAC (deregulation) number: (see | | 70 O.S |
| ise a librarian one how po | r day | 1 OAC 2035,9,71 |
| *Original signatures are required. The attached questionnaire n | nust be answered to process.** | Plan Mart |

| Deregulation/Statutory Waiver Application Worksheet | | | | | |
|---|-----------------------|-------------------|-----------------|--|--|
| ** SCHOOL YEAR | 2015-2016**** | | | | |
| Superintendent: | Shannon Grimes | County: | Kingfisher | | |
| District Name: | Dover | Date Received: | August 14, 2015 | | |
| School Name: | Elem. and High | | | | |
| RAO: | Kim Hale | Date of Applicat | | | |
| O.A.C. Number: | 210:35-5-71 and 210:3 | 35-9-71 - Library | Media Services | | |
| Statute Number: | | | | | |
| | | | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|---------------------|------|
| Correct Form: | x | | | |
| Correct Standard Stated: | x | | Contraction and the | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | 1 |
| | | | | |

Focus, Priority, Targeted Intervention school-

EnrollmentHigh School52Middle/Junior High School0Elementary School137Total Enrollment189

Description: Requesting waiver to use a fulltime Library media Specialist with a full-time aide at the High School and volunteers at the elementary

Board Month:

Sept. 2015

Approval

Lynn Jones

| Project Year: | 3 of 3 | | | |
|----------------------|-----------|----------------|---------------------|-------------|
| School Year: | 2015-2016 | Carl March 1 | Notification | |
| Timeline: | | Superintendent | | will attend |
| CC: | | Principal | | will attend |
| | | | | |

ACCREDITATION DIVISON 2500 North Lincoln Boulevard, Suite 210 Oklahoma City, Oklahoma 73105-4599 (405) 521-3333

DEREGULATION APPLICATION FOR 20 15 - 20 16 SCHOOL YEAR

| Kingfisher | |
|---|--|
| County Name: | |
| Name of School District: <u>Dover</u> Name of Site(s): <u>Dover Elementary and High School</u> | |
| | |
| | |
| | |
| Original signatures are required. | |
| Signature of Principal(s): | |
| Date | |
| Date | |
| Date | |
| Signature of Superintendent: | |
| Date | |
| I hereby certify that this deregulation application was approved by our local | SDE USE ONLY |
| board of education at the meeting on July 13, 2015 | |
| | PROJECT YEARS |
| Signature of Board President | <u>3</u> of <u>3</u> |
| Signature of Dourd President | |
| Notary: | ENROLLMENT |
| | High School 52 Jr./Middle High Elementary <u>137</u> |
| Date: | High School |
| My Commission Expires: Notary Stamp or Seal | Jr./Middle High |
| | Elementary 121 |
| 1. <u>Statement of the Statute to be Waived</u> : (specify statutory citation) | District Total 189 |
| the second second second | Date Received |
| Requirement for a half time librarian. | 21035.5.71 |
| 210:33-9-11 me bluanan one hi | OAC: 210.35.9.7/ |
| Full day with full time ande | le medere |
| + HE of volunteers at | OAC: 210. 35.9.71 Library Meden Services |
| Page 1 of 3 | Services |
| Requirement for a half time librarian. 210:35-9-71 Full time block one hu lachday with full time aide at HS & Volunteers at elementary | |

| eregulation/Statutory Wai | ver Application Wo | orksheet |
|---------------------------|--|---------------------------------------|
| | | |
| Kevin Brown | County: | Jackson |
| Duke | Date Received: | August 20, 2015 |
| Elem. and High | | |
| Vacant | Date of Applicat | tion: |
| 210:35-5-71 and 210:3 | 35-9-71 – Library | Media Services |
| | | |
| | 2015-2016 ^{****} Kevin Brown Duke Elem. and High Vacant | Kevin Brown Duke Elem. and High |

| | Yes | No | NA | | Need | |
|------------------------------------|-----|---------|---------|---|------|--|
| Correct Form: | х | | | | | |
| Correct Standard Stated: | x | 1.22.24 | out whe | | | |
| Principal's Signature: | x | | | | | |
| Superintendent's Signature: | X | | | | | |
| Board President's Signature: | x | | | | | |
| Notary with Seal: | X | | | | 2 | |
| Equivalency/Letter of Explanation: | X | | | - | | |
| Bell Schedule: | | | | | | |
| School Calendar: | | | | 1 | | |
| Contract(Library/Counseling): | | | | | | |
| | | | | | | |

Focus, Priority, Targeted Intervention school- ES Focus

| Enrollment | | |
|---------------------------|-----|---|
| High School | 56 | |
| Middle/Junior High School | 0 | |
| Elementary School | 133 | 2 |
| Total Enrollment | 189 | |

Description: Requesting waiver to use a fulltime assistant to operate the library **Board Month:**

Sept. 2015

Approval: Lynn Jones

Abbreviated Day/COOP Approved via e-mail(attached)□

| Project Year: | 2 of 2 |
|----------------------|-----------|
| School Year: | 2015-2016 |
| Timeline: | |
| CC: | |

Superintendent Principal

Notification

| will | attend | |
|------|--------|--|
| will | attend | |

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION

for 20_15_ – 20_16_ school year

| Jackson Duke Public Schools | |
|---|--------|
| COUNTY | |
| P.D. Box 160 Duke, OK 73532 SCHOOL DISTRICT MAILING ADDRESS | |
| District (pk-8) elementary and high school (9-12) NAME OF SITE | |
| Pull When S/14/15 | |
| PRINCIPAL SIGNATURE* | |
| Kah Mh | |
| PRINCIPAL SIGNATURE* | |
| DATE | |
| PRINCIPAL SIGNATURE* | |
| Kevin Brown ACCREDITATION | |
| SUPERINTENDENT NAME (PLEASE PRINT) AUG 2 0 2015 | |
| Kbrown & dukeschools, com STATE DEPT. OF EDUCATION SUPERINTENDENT E-MAIL ADDRESS | 1 |
| SUPERINTENDENT E-MAIL ADDRESS $8 - 14 - 15$ | |
| New DATE | 5 |
| SUPERINTENDENT SIGNATURE* | |
| SDE USE ONLY | |
| I hereby certify that this waiver/deregulation application was approved by our PROJECT YEARS | |
| local board of education at the meeting on <u>July 13</u> , 20 <u>15</u> <u>PROJECT YEARS</u> <u>2</u> of <u>2</u> | |
| | |
| BOARD PRESIDENT SIGNATURE * NOTANY PUBLIC, State of Oklahoma | |
| Commission #14003544 | |
| NOTARY SEAL → Jackson County, Oldahoma Expires 4-15-2018 D Jr./Middle High | |
| Smiller 133 Elementary | |
| NOTARY DATE 189 District Total | |
| 11 1- 19 | 15 |
| COMMISSION EXPIRATION DATE COMMISSION EXPIRATION DATE DATE RECEIVED | / 5 |
| Statute (Oklahoma Administrative Code to be Waived: #4 | |
| (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. | 17 |
| OAC 210:35~5-71 OAC 210:55-7-11 OAC 210 35.9. | 71 |
| (specify statute or OAC (deregulation) number: (see instructions) OAC 210:35~5~71 OAC 210: 35~9~71 *Original signatures are required. The attached questionnaire must be answered to process.** UAC a hull-Amel assustant to greate UAC a hull-Amel assustant to greate | Servic |

| Deregulation/Statutory Waiver Application Worksheet | | | | |
|---|----------------------|-------------------|-----------------|--|
| ** SCHOOL YEAR : | | | | |
| Superintendent: | Danny McQuiston | County: | Woods | |
| District Name: | Freedom | Date Received: | August 13, 2015 | |
| School Name: | Freedom | | | |
| RAO: | Kirk Warnick | Date of Applicat | tion: | |
| O.A.C. Number: | 210:35-5-71 and 210: | 35-9-71 – Library | Media Services | |
| Statute Number: | | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|----|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | x | | | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school-

| Enrollment | | |
|---------------------------|----|--|
| High School | 27 | |
| Middle/Junior High School | 0 | |
| Elementary School | 61 | |
| Total Enrollment | 88 | |

Description: Requesting waiver to use 1/5 time Library Media Specialist and a full-time assistant to operate the library

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: School Year: | | Notification | |
|-------------------------------|----------------|--------------|-------------|
| Timeline: | Superintendent | | will attend |
| CC: | Principal | | will attend |

ACCREDITATION DIVISON 2500 North Lincoln Boulevard, Suite 210 Oklahoma City, Oklahoma 73105-4599 (405) 521-3333

RECEIVED ACCREDITATION

AUG 1 3 2015

SCHOOL SITE DEREGULATION APPLICATION FOR 20 15 - 20 16 SCHOOL YEAR

STATE DEPT. OF EDUCATION

| Name of Site(s): 105 Freedom Elementary School | |
|--|---|
| 705 Freedom High School | SDE USE ONLY |
| 705 Fleedon High Const. | |
| | PROJECT YEARS |
| Name of School District: Freedom Public Schools 1-006 | of |
| Signature of Principal(s):* <u>Rutt Uliu</u> Date <u>08/10/24</u> 15 | |
| 0 Date | ENROLLMENT |
| Date | |
| Signature of Superintendent:* Danny Maluth | High School 27 |
| County Name: Woods (76) | Jr./Middle High |
| | [2] |
| I hereby certify that this deregulation application was approved by our | |
| | District Total <u>00</u> |
| local board of education at the meeting on <u>August 10th</u> , , 20 <u>15</u> . | Que 13 2015 |
| Joe Jessp | Date Received Aug 13 2015 |
| Signature of Board President* | 210-35.5.71 |
| Notary Public, State of Oklahoma Commission # 14011153 | OAC: 210 35.9-71 . |
| Notary: My Commission Expires December 15, 2018 | 210-35.5.71 OAC: 210 35.9-71 Litrong media Services |
| Date: August 10th, 2015 My Commission Expires: 12-15-18 | o unity . |
| | |

1. Statement of the Regulation (specify OAC code):

210:35-5-71 (Option B) - School shall provide staffing for the media program through one of the following arrangements; fewer than 300 students, at least one-fifth time certified Library Media Specialist and a full - time Library Assistant.

210:35-9-71 (Option B) - School shall provide staffing for the media program through one of the following arrangements; fewer than 300 students, at least one-half time certified Library Media Specialist and a full - time Library Assistant.

Use 1/5 Labrary Media Spec 4 a fulle-time assistant to operate ACCREDITATION *Original signatures are required. AUG 1 3 2015

Page 1 of 3

STATE DEPT. OF EDUCATION

| Deregulation/Statutor | y Waiver | Applica | ation W | orksheet | |
|---|-------------|----------|---------|----------------------------------|---|
| ** SCHOOL YEAR 2015-2016 ^{****} Superintendent: John Lazenby District Name: Glencoe School Name: Elem. and High RAO: Linda Prostor-Moo O.A.C. Number: 210:35-5-71 and 2 | Da re Da | ate of A | | Payne Aug. 10, 2015 Ition: | |
| Statute Number: | | | | | |
| | Yes | No | NA | Need | |
| Correct Form: | x | | | | |
| Correct Standard Stated: | X | 194 | | | |
| Principal's Signature: | X | | | | |
| Superintendent's Signature: | X | | | | |
| Board President's Signature: | X | | | | |
| Notary with Seal: | X | | | | |
| Equivalency/Letter of Explanation | : X | | | | |
| Bell Schedule: | | | | | |
| School Calendar: | | | | | |
| Contract(Library/Counseling): | 10 | 10 2 96 | | | 1 |

Focus, Priority, Targeted Intervention school-

| | Enrollment | | | |
|---------------------------|----------------------|----------------|---------------------|-----------------|
| High School | | 110 | | |
| | or High School | 0 | | |
| Elementary S | School | 232 | | |
| Total Enrolln | nent | 342 | | |
| Description: | Requesting waiver | to use a full- | Board Month: | Sept. 2015 |
| | time assistant at ea | ach site | 10 | |
| | | | | Danal |
| | | | Approval: | mpner |
| | | | 0 | Lynn Jones |
| | | | Abbreviated Day | /COOP |
| | | | Approved via e-n | nail(attached)□ |
| | 6 | | | |
| Project Year: | | | Notification | |
| School Year: Timeline: | 2015-2010 | Superintender | | will attend |
| CC: | | Principal | | will attend |
| 00. | | | | |

| Payne | Glencoe | |
|--|--|---|
| COUNTY | SCHOOL DISTRICT | |
| 201 E. Lone Chimney Road | Glencoe, OK 74032 | |
| SCHOOL DISTRICT MAILING ADDRESS | | |
| Glencoe Elementary and Gl | lencoe High School | |
| | | |
| Ind. Do | and) | 8315 |
| PRINCIPAL SIGNATURE | | DATE |
| | 1 - 1 | 6/3/5 |
| PRINCIPAL SIGNATURE* | /// | DATE |
| | | |
| PRINCIPAL SIGNATURE* | | DATE |
| | | ACCREDITATION |
| John Lazenby SUPERINTENDENT NAME (PLEASE PR | RINT) | AUG 1 0 2015 |
| Jazzaby Q G | Ancor KIZ. OK. US | STATE DEPT. OF EDUCATION |
| SUPERINTENDENT SIGNATURE* | | 8315 DATE |
| 0 1 |) U | SDE USE ONLY |
| I hereby certify that this waiver/c | deregulation application was approved by our , 20 15 | PROJECT YEARS |
| local board of education at the r | meeting on <u>August sid</u> , 20-10 | _3_ of _3 |
| Park your | P | ENROLLMENT |
| BOARD PRESIDENT SIGNATURE* | WIMBERLY K CLARK NOTARY PUBLIC - STATE OF OKLAHOMA COMMISSION # 12005467 | |
| NOTARY-SEAL ->) | My Commission Expires June 16, 2019 Bonded Through RM Insurance Company. |))D High School |
| UN DUC | 0 2 8/3/15 | $\frac{U}{127}$ Jr./Middle High |
| Kimber y - (- | lait of still | $\frac{252}{200}$ Elementary |
| 1 Juliania | | <u>34</u> District Total |
| COMMISSION EXPIRATION DATE | instant at each site | DATE RECENED |
| Statute/Oklahoma Administra | ative Code to be Walved: ulation) number: (see instructions) | 70 O.S. |
| OAC 210335-5 | -71 OAC 210:35-9-71 e attached questionnaire must be answered to process.** | OAC 210:35:5.71 |
| *Original signatures are required. The | e attached questionnaire must be answered to process.** Staffing | OAC 210:35.5.71 OAC 210:35.9-71 Library Media Serve |
| risin's |),, | durary man |

| Deregulation/Statutory Waiver Application Worksheet | | | | | | | |
|---|--------------------|------------------|--------------------|--|--|--|--|
| ** SCHOOL YEAR | 2015-2016**** | | | | | | |
| Superintendent: | Scott Parks | County: | LeFlore | | | | |
| District Name: | Howe | Date Receive | ed: August 7, 2015 | | | | |
| School Name: | Elem. and High | | | | | | |
| RAO: | Larry Stogner | Date of Appl | ication: | | | | |
| O.A.C. Number: | 210:35-5-71 and 21 | 0:35-9-71 – Libr | ary Media Services | | | | |
| Statute Number: | | | | | | | |
| | | | | | | | |
| | | Voc No M | A Nord | | | | |

| | ICS | INU | IVEL | Neeu |
|------------------------------------|-----|-----|------|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | x | | | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | X | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- ES - Focus

| Enrollment | | |
|---------------------------|-----|-----|
| High School | 165 | |
| Middle/Junior High School | 0 | |
| Elementary School | 371 | 4.5 |
| Total Enrollment | 536 | |

Description: Requesting waiver to use a fulltime teacher to operate the library under the guidance of an LMS who is the gifted teacher at the school.

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: | | | |
|----------------------|-----------|----------------|---|
| School Year: | 2015-2016 | | N |
| Timeline: | | Superintendent | |
| CC: | | — Principal | |
| | | | |

| Notification | |
|--------------|-------------|
| | will attend |
| | will attend |
| | |

blic Schooks eFlore COUNTY SCHOOL DISTRIC owe SCHOOL DISTRICT MAILING ADDRESS lementar NAM 8-5-15 PRINCIPAL SIGN DATE **PRINCIPAL SIGNATURE*** DATE 8-5-15 Jeremy PRINCIPAL SIGNATURE DATE 8-5. ECEIVED SUPERIN ACCREDITATION poweschools.org AUG 0 7 2015 SUPERINTE » STATE DEPT. OF EDUCATION SUPERINTENDENT SIGNATURE DATE **SDE USE ONLY** I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on June 22, 2015 **PROJECT YEARS** 3 of 3 BOARD PRESIDENT SIGNATURE* ENROLLMENT PEGGY WRIGHT Comm. # 14006601 1105 High School NOTARY SEAL -> Expires 07-24-2018 Jr./Middle High 371 Elementary NOTARY 534 planess tous **District Total** 07-24-2018 COMMISSION EXPIRATION DATE 12015 Use a full time certified teacher to Statute/Oklahoma Administrative Code to be Waived: DATE RECEIVED (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. OAC 21035.5.71 *Original signatures are required. The attached guestionnaire must be answered to process.* as a consultant a LMS (who is the append teacher) mede

| Deregulation/Statutory Waiver Application Worksheet | | | | | | | |
|---|------------------------|------------------|----------------|--|--|--|--|
| ** SCHOOL YEAR 2 | 2015-2016**** | | a 11 | | | | |
| Superintendent: | Bill Derryberry | County: | Caddo | | | | |
| District Name: | Hydro-Eakly | Date Received: | Aug. 14, 2015 | | | | |
| School Name: | Elem., Middle and High | | | | | | |
| RAO: | Kim Hale | Date of Applicat | tion: | | | | |
| O.A.C. Number: | 210:35-5-71 and 210:3 | 5-9-71 – Library | Media Services | | | | |
| Statute Number: | | | | | | | |

| | Yes | No | NA | Need |
|------------------------------------|----------|----------------|-------|------|
| Correct Form: | x | | | |
| Correct Standard Stated: | <u>х</u> | and the second | -1.2. | |
| Principal's Signature: | х | | | |
| Superintendent's Signature: | х | | | |
| Board President's Signature: | х | | | |
| Notary with Seal: | х | | | |
| Equivalency/Letter of Explanation: | х | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school-

| | Enrollment | | | |
|-------------------------------|--|---------------------------------------|-----------------|----------------|
| High School | | 128 | | |
| Middle/Junio | or High School | 79 | | |
| Elementary S | chool | 226 | | |
| Total Enrolln | nent | 433 | | |
| Description: | Requesting waiver time assistant to o | to use a full- <u>]</u> perate the | Board Month: | August 2015 |
| | library | | Q | <u> </u> |
| | | <u>I</u> | Approval: | many |
| | | | 0 | Lynn Jones |
| - | | | Abbreviated Da | y/COOP |
| | | | Approved via e- | mail(attached) |
| Project Year: School Year: | | | Notification | |
| Timeline: | 2013 2010 | Superintendent | | will attend |
| CC: | | Principal | | will attend |
| | | | | |

Hydro-Eakly Caddo COUNTY SCHOOL DISTRICT 407 East 7th Street, Hydro, Ok. 73048 SCHOOL DISTRICT MAILING ADDRESS HydroEakly Elementary, Middle, and High School NAME OF SITE 8/10/15 DATE TURE* 8/10/15 PRINCIPAL SIGNATURE* DATE RECEIVED ACCREDITATION **Bill Derryberry** SUPERINTENDENT NAME (PLEASE PRINT) AUG 1 4 2015 bderryberry Dhydrocakly, KID, OK. 45 SUPERINTENDENT E-MAIL ADDRESS STATE DEPT. OF EDUCATION 8-10-15 DATE SUPERINTENDENT SIGNATURE SDE USE ONLY I hereby certify that this waiver/deregulation application was approved by our on t local board of education at the meeting on August 10th , 20 15 **PROJECT YEARS** / of / BOARD PRESIDENT SIGNATURE* ENROLLMENT 28 _ High School # 13007523 NOTARY SEAL EXP. 08-15-2017 Jr./Middle High Elementary DATE NOTARY OKL munn **District Total** DATE RECEIVED COMMISSION EXPIRATION DATE Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. *WSC bull - hmc and* *Original signatures are required. The attached questionnaire must be answered to process.** OAC 210 35.5 -will serve ilerav narian to classroom

| Deregulation/Statutory Waiver Application Worksheet** SCHOOL YEAR 2015-2016****Superintendent:Stacey ButterfieldCounty:TulsaDistrict Name:JenksDate Received:Aug. 10, 2015School Name:Middle SchoolRAO:Jeff ColclasureDate of Application:0.A.C. Number:210:35-6-71 – Library Media Services | | | | | | | |
|--|-----|----|----|------|--|--|--|
| | Yes | No | NA | Need | | | |
| Correct Form: | x | - | | | | | |
| Correct Standard Stated: | X | | | | | | |
| Principal's Signature: | Х | | | | | | |
| Superintendent's Signature: | X | | | | | | |
| Board President's Signature: | X | | | | | | |
| Notary with Seal: | Х | | | | | | |
| Equivalency/Letter of Explanation: | X | | | | | | |
| Bell Schedule: | | | | | | | |
| School Calendar: | | | | | | | |
| Contract(Library/Counseling): | | | | | | | |

Focus, Priority, Targeted Intervention school-

EnrollmentHigh School3223Middle/Junior High School1626Elementary School1332Total Enrollment11,181

Description: Requesting waiver to use one fulltime librarian and two full-time assistants **Board Month:**

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | 2 of 2 2015-2016 | Superintendent | Notification | will attend |
|-------------------------------|---------------------|--------------------|--------------|-------------|
| Timeline: CC: | | _ Principal | | will attend |

| Tulsa | Jenks Public Schools |
|---|--|
| COUNTY | SCHOOL DISTRICT |
| 205 E. 'B' Street Jenks, OK 74037 | ACCREDITATION |
| SCHOOL DISTRICT MAILING ADDRESS | AUG 1 0 2015 |
| Jenks Middle School | STATE DEPT. OF EDUCATION |
| NAME OF SITE | |
| 2/ | Dr. Nick Brown |
| PRINCIPAL SIGNATURE* | DATE |
| PRINCIPAL SIGNATURE* | DATE |
| PRINCIPAL SIGNATURE* | |
| Stacey Butterfield | AUG X 0 2015 |
| SUPERINTENDENT NAME (PLEASE PRINT) | |
| stacey.butterfield@jenksps.org | STATE DEPT. OF EDUCATION |
| SUPERINTENDENT SIGNATURE* | DATE |
| I hereby certify that this waiver/deregulation application local board of education at the meeting on <u>July 13</u> Man Remet BOARD PRESIDENT SIGNATURE* | , 20_15PROJECT YEARS of ENROLLMENT |
| Munkeller Beetke | July 13, 2015 11626 Jr./Middle High |
| COMMISSION EXPIRATION DATE | DATE KIMBERLY BOURK COMM. #12005876 Y PUBLIC • STATE OF OKLAHOMA TULSA COUNTY MISSION EXPIRES 06/21/2018 DATE DECEIVED |
| Statute/Oklahoma Administrative Code to be Waiv (specify statute or OAC (deregulation) number: (see in) we full fine literature *Original signarfires are required. The attached questionnaire mus without with the state of the | -fwd 70 O.S |

| De | eregulation/Statutory Wai | iver A | pplicat | ion Wo | rksheet | |
|---|--|------------|---------------------------|-------------------|----------------------------------|---|
| ** SCHOOL YEAR : Superintendent: District Name: School Name: RAO: | 2015-2016**** Carl Johnson Jones Elem., Middle and High | Cou Dat | inty: e Reco e of A | eived: pplicat | Oklahoma Aug. 7, 2015 ion: | |
| O.A.C. Number: Statute Number: | 210:35-5-71 and 210: | 35-9- | 71 – L | ibrary | Media Service | S |
| | Ye | es | No | NA | Need | |

| | AUD | | (22) 22765 | | | |
|------------------------------------|-----|-----|------------|---|-------|--|
| Correct Form: | x | | | | _ | |
| Correct Standard Stated: | x | | | _ | | |
| Principal's Signature: | х | | - | | | |
| Superintendent's Signature: | Х | | | | | |
| Board President's Signature: | x | | | | | |
| Notary with Seal: | X | | | - | | |
| Equivalency/Letter of Explanation: | x | | | 1 | | |
| Bell Schedule: | | 1.1 | | | | |
| School Calendar: | | _ | | | | |
| Contract(Library/Counseling): | | | | | | |
| Contract(Line 1, collect 0, | | | | | 10.00 | |

Focus, Priority, Targeted Intervention school-

| <u>Enrollment</u> | | |
|---------------------------|------|--|
| High School | 337 | |
| Middle/Junior High School | 260 | |
| Elementary School | 539 | |
| Total Enrollment | 1136 | |

| Description: | Requesting waiver to use 1/2 |
|---|---------------------------------|
| | Library media Specialist |
| 1998 B. | (candidate) and three full-time |
| | aides to operate library |

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | 1 of 1 2015-2016 | Superintendent | Notification | will attend |
|-------------------------------|---------------------|--------------------|--------------|-------------|
| Timeline: CC: | | Principal | | will attend |

ACCREDITATION DIVISON 2500 North Lincoln Boulevard, Suite 210 Oklahoma City, Oklahoma 73105-4599 (405) 521-3333

SCHOOL SITE DEREGULATION APPLICATION FOR 20 15 - 20 16 SCHOOL YEAR

| Name of Site(s): Jones Elementary School | |
|---|-------------------------------|
| Jones Middle School | SDE USE ONLY |
| Jones High School | DDOJECT VEADS |
| Name of School District: 551909 Jones Public School | PROJECT YEARS |
| Signature of Principal(s):* (hptph) Date <u>1-29-15</u> | |
| City Mille Date 7-29-15 | ENDOLI MEN'T |
| Custa Ollo Date 7-29-15 | - ENROLLMENT |
| Signature of Superintendent:* 200 Bin | With School 337 |
| County Name: 55 Oklahoma County | High School $\underline{527}$ |
| | Jr./Middle High |
| I hereby certify that this deregulation application was approved by our | Elementary <u>539</u> |
| | District Total 4/36 |
| local board of education at the meeting on July 13, 20_15 | <i>.</i> |
| The Sinth | Date Received Rug 7 15 |
| Signature of Board President* | 21035.5.71 |
| | - 10 I |
| Notary: Lunda Verr # 99015189 | OAC: |
| Date: <u>7-13-15</u> My Commission Expires: <u>10-12-15</u> | Kilwang Medea Sources |

1. Statement of the Regulation (specify OAC code):

OAC 210:35-5-71 Library Media Exemption: The State Board of Education may grant district-wide exemptions from certification requirements for library media specialists to districts experiencing a shortage in this area.

use 1/2 time LMS (condebate) & three full - home aides to operate Idname's.

*Original signatures are required.

| De | regulation/Statutory V | Waiver | Applica | tion Wo | rksheet | |
|---------------------------|------------------------|----------|---------|----------|-----------------|---|
| ** SCHOOL YEAR : | 2015-2016**** | | • | | D. U | |
| Superintendent: | Matt Riggs | | ounty: | | Pottawatomie | |
| District Name: | Macomb | D | ate Rec | eivea: | August 17, 2015 | |
| School Name: | Elem. and High | D | ato of | milion | tion | |
| RAO: | Linda Proctor-Moore | | | Applicat | Modio Somicos | |
| O.A.C. Number: | 210:35-5-71 and 21 | 0:35-9 | 9-11-1 | JIDPary | Metha Services | |
| Statute Number: | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | x | | | | |
| Correct Standard | Stated: | x | | | | |
| Principal's Signat | ure: | x | | | | |
| Superintendent's | | _X | | | | _ |
| Board President's | s Signature: | X | | | | _ |
| Notary with Seal: | | х | | | | |
| | er of Explanation: | <u>x</u> | | _ | | |
| Bell Schedule: | | | | | | |
| School Calendar: | | | | | | |
| Contract(Library | /Counseling): | | | | | 1 |
| | | | | | | |

Focus, Priority, Targeted Intervention school- ES Priority

| Enrollment | | |
|---------------------------|-----|--|
| High School | 103 | |
| Middle/Junior High School | 0 | |
| Elementary School | 241 | |
| Total Enrollment | 344 | |
| | | |

Description: Requesting waiver to use a 1/2 time Library Media Specialist to operate the library

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | Superintendent | Notification | will attend |
|-------------------------------|--------------------|---------------------|-------------|
| Timeline: CC: | _ Principal | | will attend |

ACCREDITATION DIVISON 2500 North Lincoln Boulevard, Suite 210 Oklahoma City, Oklahoma 73105-4599 (405) 521-3333

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION FOR 20_15_ - 20_16_SCHOOL YEAR

County Name Pottawatomie

| Name of School District: Macomb Public Schools | |
|--|--|
| District Office Mailing Address 36591 State Highway 59B, Macomb, O | K 74852 RECEIVED ACCREDITATIO |
| Name of Site(s): Macomb Elementary School (110) | AUG 1 7 2 |
| Macomb High School (705) | STATE DEPT. OF EDU antion |
| Signature of Principal(s) (* Jonel June Geott Trayer | Date <u>7-22-15</u> Date <u>7-22-15</u> Date |
| Superintendent's Name Printed Matthew Riggs | |
| Signature of Superintendent:* | SDE USE ONLY |
| Date $1.22.15$ | |
| Date 1-DATS | PROJECT YEARS |
| I hereby certify that this waiver/deregulation application was approved by our | <u>5</u> of <u>5</u> |
| local board of education at the meeting on July 22, 20_5 | ENROLLMENT |
| Signature of Board President* | High School |
| DIANE F MYERS NOTARY PUBLIC - STATE OF OKLAHOMA COMMISSION # 02013541 My Commission Expires Sept. 10, 2018 Bonded Through RU Insurance Company | Jr./Middle High Elementary District Total347 |
| Notary: Drance Myers | Date Received ang 17 |
| Date: $\frac{7}{22}/15$ My Commission Expires: $\frac{9}{10}/18$ | 0 |
| Statute/Oklahoma Administrative Code to be Waived: | 70 O.S |
| (specify statute or OAC (deregulation) number: (see instructions) | OAC |
| Library Media Services MacombES (Murity | Lilyan Medea Services |
| OAC 210:35-9-71 () *Original signatures are required. The attached questionnaire mus | |

| De | regulation/Statutory | Waiver | Applica | ation Wo | orksheet | |
|---------------------------|----------------------|---------|----------|----------|---------------|--|
| ** SCHOOL YEAR : | 2015-2016**** | 0 | | | TT 1.11 | |
| Superintendent: | Dart Drummonds | Co | ounty: | | Haskell | |
| District Name: | McCurtain | Da | ate Ree | ceived: | Aug. 17, 2015 | |
| School Name: | High School | | | | | |
| RAO: | Larry Stogner | Da | ate of A | Applica | tion: | |
| O.A.C. Number: | 210:35-9-71 - Lib | rary Mo | edia Se | ervices | | |
| Statute Number: | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | x | | | | |
| Correct Standard | Stated: | X | | | | |
| Principal's Signat | | Х | | _ | | |
| Superintendent's | Signature: | x | - | | | |
| n 1n 11. | Cimatumat | v | | | | |

| Board President's Signature: | X | | |
|------------------------------------|---|------|--|
| Notary with Seal: | Х | | |
| Equivalency/Letter of Explanation: | Х | | |
| Bell Schedule: | | | |
| School Calendar: | | | |
| Contract(Library/Counseling): | | | |
| | | | |

Focus, Priority, Targeted Intervention school- ES – Priority

EnrollmentHigh School81Middle/Junior High School0Elementary School183Total Enrollment264

Description: Requesting waiver to use Library Media Specialist 3 hours a day and teachers bringing students to the library the other half

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: School Year: Timeline: | 1 of 1 2015-2016 | Superintendent | Notification | will attend |
|--|---------------------|--------------------|--------------|-------------|
| CC: | | Principal | | will attend |

McCurtain Public School Haskell SCHOOL DISTRICT COUNTY P.O. Box 189 McCurtain, Oklahoma 74944 SCHOOL DISTRICT MAILING ADDRESS McCurtain High School (705) NAME OF SITE PRINCIPAL SIGNATURE* DATE 8-3-2015 PRÍNCIPAL SIGNATURE* DATE RECEIVED PRINCIPAL SIGNATURE* Drummonds AUG 1 7 2015 ENDENT NAME (PLEASE PRINT) STATE DEPT. OF EDUCATION ummonds e macurtain. K/2. UK. US SUPERINTENDENT E-MAIL ADDRES SUPERINTENDENT SIGNAT URF SDE USE ONLY I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on July 13 , 20 15 **PROJECT YEARS** <u>_____of___</u> ENROLLMENT 01 High School NOTARY SEAL = Jr./Middle High 4115 Elementary NOTARY DATE **District Total** 9 21 COMMISSION EXPIRATION DATE G172015 teachers use LMS 3 hours pr day of DATE RECEIVED Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see, instructions) 70 O.S. *Original signatures are required. The attached questionnaire must be answered to process.** OAG21035.9-71 nul connen

| | ver Application Wo | rksheet |
|------------------------|--|---|
| | | |
| Kevin Sims | County: | Grady |
| Minco | Date Received: | Aug. 11, 2015 |
| Elem., Middle and High | | |
| Mat Luse | Date of Applicat | tion: |
| 210:35-5-71 and 210:3 | 5-9-71 – Library | Media Services |
| | | |
| | 2015-2016 ^{****} Kevin Sims Minco Elem., Middle and High Mat Luse | Kevin Sims Minco Elem., Middle and High |

| | Yes | No | NA | Need |
|------------------------------------|-----|----------------|----|---------------------------------------|
| Correct Form: | х | | | |
| Correct Standard Stated: | X | The Providence | | |
| Principal's Signature: | X | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | X | | | |
| Bell Schedule: | | • | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | 1.000 | | · · · · · · · · · · · · · · · · · · · |
| | | | | |

Focus, Priority, Targeted Intervention school-

Enrollment

| 172 |
|-----|
| 115 |
| 300 |
| 587 |
| |

Description: Requesting waiver to use a certified paraprofessional full-time to operate the library

Board Month:

Sept. 2015

Approval: ynn Jones

Abbreviated Day/COOP Approved via e-mail(attached)□

| Project Year: | 2 of 2 |
|----------------------|-----------|
| School Year: | 2015-2016 |
| Timeline: | |
| CC: | |

Superintendent Principal

| N | 0 | ti | fi | ca | ti | 0 | n |
|---|---|----|----|----|----|---|---|
| | | | | | | | |

will attend will attend

ACCREDITATION DIVISON 2500 North Lincoln Boulevard, Suite 210 Oklahoma City, Oklahoma 73105-4599 (405) 521-3333

DEREGULATION APPLICATION FOR 2014 - 2015 SCHOOL YEAR

County Name: <u>Grady</u> Name of School District: <u>Minco Public Schools</u> Name of Site(s): <u>Minco Elementary School</u> <u>Minco Middle School</u> <u>Minco High School</u>

Original signatures are required.

| Signature of Principal(s): | Date | ACCREDITATION |
|---|-----------|---|
| | Date | |
| | Date | AUG I I 2015 |
| Signature of Superintendent: | | STATE DEPT. OF EDUCATION |
| Date | | |
| I hereby certify that this deregulation application was approved by | our local | SDE USE ONLY |
| board of education at the meeting on, 20 | • | |
| | | PROJECT YEARS |
| Signature of Board President | | 2 of 2 |
| | | - |
| Notary: | | ENROLLMENT |
| Date: | | Web School 172 |
| My Commission Expires: | | High School 172 |
| Notary Stamp or | Seal | Jr./Middle High |
| | | Elementary <u>300</u> |
| 1. <u>Statement of the Statute to be Waived</u> : (specify statutory ci | ation) | District Total 587 |
| Library Media Specialist Services | | Date Received aug 11, 15 |
| Page 1 of 3 | | 210:35.5.71 OAC:210:35.9.71 |
| use a certified paraprofessional | L | 210: 35.5.71 OAC: 210: 35.9.71. duary Media Service |

1

| De | regulation/Statutory | Waiver | Applica | tion Wo | orksheet | |
|--------------------------|----------------------|--------|----------|-----------|---------------|---|
| ** SCHOOL YEAR | 2015-2016**** | | | | | |
| Superintendent: | Melinda Fink | | ounty: | | Mayes | |
| District Name: | Osage | Da | ate Rec | ceived: | Aug. 17, 2015 | |
| School Name: | Osage | D | | milion | tion | |
| RAO: | Mike Teel | | ate of A | Applica | (1011; | |
| O.A.C. Number: | 210:35-5-71 – Libi | ary M | edia Se | ervices | | |
| Statute Number: | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | X | | | | |
| Correct Standard | Stated: | х | | - a - 144 | | |
| Principal's Signat | ture: | Х | | | | _ |
| Superintendent's | Signature: | X | | | | _ |
| Board President's | s Signature: | X | | | | _ |
| Notary with Seal: | | X | | | | _ |
| Equivalency/Lett | er of Explanation: | X | | | | |
| Bell Schedule: | | | | | | _ |
| School Calendar: | | | | | | |
| Contract(Library | | | | | | |
| 00110100(| | 1 | | | | |

Focus, Priority, Targeted Intervention school- Targeted Intervention

EnrollmentHigh School0Middle/Junior High School0Elementary School191Total Enrollment191

Description: Requesting waiver to use ¹/₂ Library Media Specialist candidate with a full-time library aide **Board Month:**

Sept. 2015

Approval: in Jones

| Project Year: 1 of 1 School Year: 2015-2016 | - Superintendent | Notification | will attend | |
|--|---------------------|--------------|-------------|-------------|
| Timeline: CC: | | _ Principal | | will attend |

| Mayes Osage | 46c043 |
|--|-------------------------------------|
| COUNTY SCHOOL I | DISTRICT |
| 7960 W 490, Pryor, OK 74361 | |
| SCHOOL DISTRICT MAILING ADDRESS | |
| Osage School | |
| NAME OF SITE | |
| mith | 8-10-15 |
| PRINCIPAL SIGNATURE* | DATE |
| | |
| PRINCIPAL SIGNATURE* | DATE |
| | |
| PRINCIPAL SIGNATURE* | DATE |
| Melinda Fink | |
| | RECEIVED |
| Λ is | ACCREDITATION |
| Mtink@osageelementary.com superintendent e-mail address | AUG 1 7 2015 |
| malinda Si là | STATE DEPT. OF EDUCATION 8-10-15 |
| SUPERINTENDENT SIGNATURE* | DATE |
| | |
| I hereby certify that this waiver/deregulation application was appro | ved by our SDE USE ONLY |
| local board of education at the meeting on <u>August 10</u> | , 20 <u>15</u> PROJECT YEARS |
| him that | of |
| BOARD PRESIDENT SIGNATURE | ENROLLMENT |
| Notary Public, State of Oklaho Commission # 15005760 | |
| in y commission expires June 23, | 2019 Ir (Middle High |
| Jermillely A frice 8-10-15 | 161 |
| NÓTARÝ () DATE | <u>//</u> Elementary |
| June 13,2019 | District Total |
| COMMISSION EXPIRATION DATE | aug. 17 2.015 |
| Statute/Oklahoma Administrative Code to be Waived: | DATE REGEIVED |
| (specify statute or OAC (deregulation) number: (see instructions) | school 70 O.S. |
| *Original signatures are required. The attached questionnaire must be answered t | |
| brary aide is Full -time | July and model Al |

| | regulation/Statutory Wa | iver Application Wo | orksheet |
|--|---|--|-----------------|
| ** SCHOOL YEAR : | 2015-2016**** | | 1 |
| Superintendent: | Landon Berry | County: | Osage |
| District Name: | | Date Received: | August 14, 2015 |
| School Name: | Elem and High School | | |
| RAO: | LeGay Riggs | Date of Applicat | tion: |
| O.A.C. Number: | 210:35-5-71 and 210: | 35-9-71 – Library | Media Services |
| Statute Number: | | | |
| District Name: School Name: RAO: O.A.C. Number: | Pawhuska Elem and High School LeGay Riggs 210:35-5-71 and 210: | Date Received: Date of Applica 35-9-71 – Library | tion: |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|----|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | Х | | | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | X | | | |
| Notary with Seal: | X | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- ES – Targeted Intervention

Enrollment

| High School | 273 | |
|---------------------------|-----|--|
| Middle/Junior High School | 103 | |
| Elementary School | 484 | |
| Total Enrollment | 860 | |

Description: Requesting waiver to use 1 full-time Library Media Specialist and 2 full-time aides to operate the library

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: | 1 of 1 | | | |
|----------------------|-----------|----------------|---------------------|-------------|
| School Year: | 2015-2016 | | Notification | |
| Timeline: | | Superintendent | | will attend |
| CC: | | Principal | | will attend |

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION school year - **20** 16 for 20 15

Osage

Pawhuska Public School

COUNTY

SCHOOL DISTRICT

7-13-2015

Notary Public Oldahoma OFFICIAL SEAL

SARA PITTS

DATE

Comm. Expires.

1801 McKenzie, Pawhuska, OK 74056

SCHOOL DISTRICT MAILING ADDRESS

Pawhuska High School, Pawhuska Elementary School, & Indian Camp Elementary School

NAME OF SITE

nn PRINCIPAL SIGNATURE

RINCIPAL SIGNATURE*

everl MODIL PRINCIPAL SIGNATURE

Dr. Landon Berry

SUPERINTENDENT NAME (PLEASE PRINT)

0 uskies, or SUPERINTENDENT E-MAIL ADDRESS

SUPERINTENDENT SIGNATURE*

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on Ju.v 13 , 20 15

BOARD PRESIDENT SIGNATURE*

NOTARY SEAL ->

Drap AD NOTARY

6-11-2016 COMMISSION EXPIRATION DATE SSChools

Statute/Oklahoma Administrative Code to be Waive form. # 08006023 (specify statute or OAC (deregulation) number: (see instructions)

*Original signatures are required. The attached questionnaire must be answered to process.**

DATE SDE USE ONLY **PROJECT YEARS** / of / ENROLLMENT 2 High School Jr./Middle High Elementary \$40 **District** Total 11/ 2015 DATE RECEIVED 70 O.S. 21035.5. 25.9-

Media Servica

July 14, 2015

July 14, 2015

July 14, 2015

DATE

DATE

DATE

RECEIVED

ACCREDITATION

AUG 1 4 2015

STATE DEPT OF EDUCATION

| Deregulation/Statutory Waiver Application Worksheet | | | | | | |
|---|--|---------------------------|--------------------------|--|--|--|
| ** SCHOOL YEAR : Superintendent: District Name: | 2015-2016 ^{****} Lawrence Barnes Pocola | County: Date Received: | LeFlore Aug. 17, 2015 | | | |
| School Name: | Elem., Middle and High Larry Stogner 210:35-5-71 and 210:3 | Date of Applica | tion: | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|-----|----|------|
| Correct Form: | Х | - x | | |
| Correct Standard Stated: | X | - | | |
| Principal's Signature: | Х | | | |
| Superintendent's Signature: | х | | | |
| Board President's Signature: | х | | | |
| Notary with Seal: | х | | | |
| Equivalency/Letter of Explanation: | x | | | • |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- MS Targeted Intervention

EnrollmentHigh School217Middle/Junior High School189Elementary School442Total Enrollment848

Description: Requesting waiver to use one Library Media Specialist and 2 full-time assistants **Board Month:**

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: Timeline: CC: | 2 of 2 2015-2016 | Superintendent Principal | Notification | will attend |
|---|---------------------|-----------------------------|---------------------|-------------|
| | | | | will attend |

| LEFLORE | POCOLA | |
|--|------------------------------------|--------------------------|
| COUNTY | SCHOOL DISTRICT | |
| POST OFFICE BOX 640 | | |
| SCHOOL DISTRICT MAILING ADDRESS | | |
| POCOLA ELEMENTARY, MIDDL | E, & HIGH SCHOOLS | |
| NAME OF SITE | \cap) | |
| Stacy Stanti | Va | AUGUST 10, 2015 |
| PRINCIPAL SIGNATURE* | | DATE |
| mark makens | i a | AUGUST 10, 2015 |
| PRINCIPAL SIGNATURE* | | DATE |
| Handy - (Radanc) | | AUGUST 12 2015 |
| PRINCIPAL SIGNATURE* | | DATEACCREDITATION |
| LAWRENCE BARNES | | AUG 1 7 2015 |
| SUPERINTENDENT NAME (PLEASE PRINT) | | STATE DEPT. OF EDUCATION |
| Ibarnes@ Pacola. Ki | > ok us | AUGUST 10, 2015 |
| SUPERINTENDENT E-MAIL ADDRESS | | |
| Course Bern | 1 | AUGUST 10, 2015 |
| SUPERINTENDENT SIGNATURE* | | DATE |
| | | |
| I hereby certify that this waiver/deregula | | SDE USE ONLY |
| local board of education at the meeting | on <u>AUGUST 10</u> , 20 <u>15</u> | PROJECT YEARS |
| Kogen Kanamos | | |
| BOARD PRESIDENT SIGNATURE | | ENROLLMENT |
| NOTARY SEAL | | 27 High School |
| 02007162 | 8.19.15 | 169 Jr./Middle High |
| NOTARY | | <u>442</u> Elementary |
| 5 -25-25 05 8th M | C. Turanta A | GHB District Total |
| COMMISSION EXPIRATION DATE | s vargener | August 72015 |
| se) LMS & J full- Statute/Oklahoma Administrative Cod | time anutaits | DATE RECEIVED / |
| (specify statute or OAC (deregulation) nu 201;35:5-71, 210;35-7-6 | | 70 O.S |
| *Original signatures are required, The attached qu | | 1 OAC 210 35.5-7 |
| To Concer 3 Chrance | | Lelisan moder la |

| Deregulation/Statutory Waiver Application Worksheet | | | | | | |
|---|-----------------------|-------------------------|---------------|--|--|--|
| ** SCHOOL YEAR : | 2015-2016**** | | | | | |
| Superintendent: | Bill Weldon | County: | Seminole | | | |
| District Name: | Seminole | Date Received: | Aug. 19, 2015 | | | |
| School Name: | Wilson Elem. | | | | | |
| RAO: | Shellie Gammill | Date of Applicat | tion: | | | |
| O.A.C. Number: | 210:35-5-71 - Library | Media Services | | | | |
| Statute Number: | | | | | | |
| | | | | | | |

| | Yes | NO | NA | Need |
|------------------------------------|-----|----|------|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | X | | 10 A | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- Targeted Intervention

Enrollment

| High School 480 | |
|-------------------------------|--|
| Middle/Junior High School 275 | |
| Elementary School 1046 | |
| Total Enrollment 1801 | |

Description: Requesting waiver to use a fulltime certified reading specialist and a full-time assistant to operate the library

Board Month:

Sept. 2015

Approval Lypp Jones

| Project Year: School Year: Timeline: | | | Notification | will attend |
|--|--|--|--------------|-------------|
| CC: | | | | will attend |

| Seminole | Seminole Public Schools |
|--|--|
| COUNTY | SCHOOL DISTRICT |
| P.O. Box 1031, Seminole, Oklahoma 74848-10 | 31 |
| SCHOOL DISTRICT MAILING ADDRESS | |
| Wilson Elementary | |
| NAME OF SITE | |
| Senese Cheatwood | 8-14-15 |
| PRINCIPAL SIGNATURE* | DATE |
| Denese Cheatwood | 8-14-15 |
| PRINCIPAL SIGNATURE* | DATE |
| | 8-14-15 |
| PRINCIPAL SIGNATURE* | DATE |
| Bill Weldon | RECEIVED |
| SUPERINTENDENT NAME (PLEASE PRINT) | ACCREDITATION |
| | AUG 1 9 2015 |
| bueldon (ESDS, KI) iK, US SUPERINTENDENT E-MAIL ADDRESS | STATE DEPT. OF EDUCATION |
| Piles | 8-14-15 |
| SUPERINTENDENT SIGNATURE* | DATE |
| | |
| I hereby certify that this waiver/deregulation application | was approved by our SDE USE ONLY |
| local board of education at the meeting on | , 20 PROJECT YEARS |
| | of |
| BOARD PRESIDENT SIGNATURE* | ENROLLMENT |
| \mathcal{D} | $\mathcal{H}^{\mathcal{CD}}_{\mathcal{L}}$ High School |
| NOTARY SEAL -> | 275 Jr./Middle High |
| an Bidd MILLIN M. BOOM | 13-13 1040 |
| NOTARY SEMINOLE | EATE I I I I I I I I I I I I I I I I I I I |
| 6-26-16 #12005912 Exp. 06-26-16 | 401 District Total |
| COMMISSION EXPIRATION DATE | Date RECEIVED |
| Statute/Oklahome Administrative Courter be avec (specify statute or OAC (deregulation) number: (see inst | d: ructions) 70 O.S. |
| "Original signatures are required. The attached questionnaire must be "Original signatures are required. The attached questionnaire must be with the unit of the opposite of t | ate ubrary Library Media Service |
| Original signatures are required. The attacher questionnaire must | ate library del made beaus |

| De | regulation/Statutory | Waiver | Applica | ation Wo | orksheet | |
|--|----------------------|--|---------|----------|----------|--|
| ** SCHOOL YEAR 2015-2016**** Superintendent: Victor Salcedo District Name: Vian School Name: Elem and Middle RAO: Larry Stogner O.A.C. Number: 210:35-5-71 and Statute Number: | | County: Sequoyah Date Received: August 18, 2015 | | | | |
| Correct Form: Correct Standard | Stated: | Yes x x | No | NA | Need | |

| Correct Form: | X |
|------------------------------------|----------|
| Correct Standard Stated: | X |
| Principal's Signature: | <u>X</u> |
| Superintendent's Signature: | <u>X</u> |
| Board President's Signature: | <u>X</u> |
| Notary with Seal: | <u>X</u> |
| Equivalency/Letter of Explanation: | <u>X</u> |
| Bell Schedule: | |
| School Calendar: | |
| Contract(Library/Counseling): | |
| | |

Focus, Priority, Targeted Intervention school-

Enrollment

| High School | 259 | |
|---------------------------|-----|--|
| Middle/Junior High School | 215 | |
| Elementary School | 514 | |
| Total Enrollment | 988 | |

Description: Requesting waiver to use a Library Media Specialist to cover both libraries and for aides to be on duty when not covered by the LMS

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: | 2 of 2 | |
|----------------------|-----------|-------------|
| School Year: | 2015-2016 | |
| Timeline: | | Superintend |
| CC: | | Principal |
| | | |

| | Notification | |
|-----------|--------------|-------------|
| endent | | will attend |
| CIICOII C | | will attend |
| | | |

| Sequoyah | Vian Public Schools | |
|---|------------------------|---------------------------|
| COUNTY | SCHOOL DISTRICT | |
| 203 W. Hunter | | |
| SCHOOL DISTRICT MAILING ADDRESS | | |
| | | |
| Elementary/Middle School Media Center | | |
| NAME OF SITE | | |
| Hathy Wungo | | 8/10/2015 |
| PRINCIPAL SIGNATORE* | | DATE |
| Main Chines | | 8/10/2015 |
| PRINCIFAL SIGNATURE* | | DATE |
| PA TITON A | | 9/10/2015 |
| PRINCIPAL SIGNATURE* | | 8/10/2015 |
| | | DATE |
| Victor Salcedo | | |
| SUPERINTENDENT NAME (PLEASE PRINT) | | |
| Vsalcedo & Vian, K12, OK. US | | 8/10/2015 |
| SUPERINTENDENT E-MAIL ADDRESS | | |
| 1/100 | | 8/10/2015 |
| SUPERINTENDENT SIGNATURE* | | DATE |
| | | |
| I hereby certify that this waiver/deregulation application | was approved by our | SDE USE ONLY |
| local board of education at the meeting on <u>August 10</u> | | PROJECT YEARS |
| н () | | _2 of 2 |
| Dary Sery | | |
| BOARD PRESIDENT SIGNATURE* | | ENROLLMENT |
| NOTARY SEAL ightarrow | | 254 High School |
| | | 215 Jr./Middle High |
| | | 514 Elementary |
| NOTARY | DATE | 1 |
| | | <u>966</u> District Total |
| COMMISSION EXPIRATION DATE | | |
| Statute/Oklahoma Administrative Code to be Waived | | DATE RECEIVED |
| (specify statute or OAC (deregulation) number: (see instru | uctions) | 70 O.S. |
| *Original signatures are required. The attached questionnaire must be | answered to process ** | OAC |

| De | regulation/Statutory Wai | ver Application Wo | rksheet |
|-----------------------|--------------------------|--------------------|----------------|
| ** SCHOOL YEAR | 2015-2016**** | | |
| Superintendent: | Roxie Terry | County: | Jefferson |
| District Name: | Waurika | Date Received: | Aug. 12, 2015 |
| School Name: | Elem. and Middle | | |
| RAO: | Ryan Pieper | Date of Applicat | tion: |
| O.A.C. Number: | 210:35-5-71 and 210:3 | 5-9-71 – Library | Media Services |
| Statute Number: | | | |
| | | | |

| | Yes | NO | NA | Need |
|------------------------------------|-----|----|----|----------------------------------|
| Correct Form: | х | | | |
| Correct Standard Stated: | Х | | | |
| Principal's Signature: | X | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | nike in the second second second |
| | | | | |

Focus, Priority, Targeted Intervention school-

Enrollment

| High School | 115 | |
|---------------------------|-----|--|
| Middle/Junior High School | 83 | |
| Elementary School | 216 | |
| Total Enrollment | 414 | |

Description: Requesting waiver to use a fulltime assistant with Library Media Specialist guidance 1 to 2 hours per week

Board Month:

...

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | - | Notification | |
|-------------------------------|---------------------------|--------------|-------------|
| Timeline: | Superintendent | | will attend |
| CC: | Principal | | will attend |

| Jefferson | Waurika Public Schools |
|---|--|
| COUNTY S | CHOOL DISTRICT |
| 600 East Florida Avenue, Waurika, Oklahoma 7 | 73573 |
| SCHOOL DISTRICT MAILING ADDRESS | |
| Waurika High School | |
| NAME OF SITE | |
| Alle Gradt : | 8-10-2015 |
| PRINCIPAL SIGNATURE* | DATE |
| | |
| PRINCIPAL SIGNATURE* | DATE |
| | |
| PRINCIPAL SIGNATURE* | DATERECEIVED ACCREDITATION |
| Roxie D. Terry | AUG 1 2 2015 |
| SUPERINTENDENT NAME (PLEASE PRINT) | STATE DEPT. OF EDUCATIO |
| rterry@waurikaschools.org SUPERIN TEN DENT E-MAIL ADDRESS | |
| Kopies Jenny | 8-10-2015 |
| SUPERINTENDENT SIGNATURE | DATE |
| I hereby certify that this waiver/deregulation application w | so approved by our SDE USE ONLY |
| | 10, 20/ 5 PROJECT YEARS |
| VC OR | <u></u> |
| BOARD PRESIDENT SIGNATURE* | ENROLLMENT |
| STOTAR AV 1 | |
| | $\frac{115}{1000}$ High School |
| Shelly Mone - | 10 - 2015 <u>- 63</u> Jr./Middle High |
| | DATE <u>216</u> Elementary |
| 05-02-2016 | 4/14 District Total |
| | august 12,201 |
| Statute/Oklahoma Administrative Code to be Waived: | DATE RECEIVED |
| (specify statute or OAC (deregulation) number: (see instru- | ctions) 70 O.S |
| Standard VII OAC 210:35-9-71 | answered to process ** / OAC |
| Biging Statutes 3& Fettige de trached questionnaire must be | e gudance Julyan Medu |

| De | eregulation/Stat | utory Waiver | Applica | ation We | orksheet | |
|-----------------------|------------------|--------------|----------|----------|---------------|--|
| ** SCHOOL YEAR | | | | | - 00 | |
| Superintendent: | Roxie Terry | C | ounty: | | Jefferson | |
| District Name: | Waurika | D | ate Re | ceived: | Aug. 12, 2015 | |
| School Name: | High School | | | | | |
| RAO: | Ryan Pieper | D | ate of A | Applica | tion: | |
| O.A.C. Number: | 210:35-9-71 - | - Library M | edia So | ervices | | |
| Statute Number: | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | Х | | | | |

| Correct Standard Stated: | X | 10.00 | N | | 1 |
|------------------------------------|---|-------|---|------|---|
| Principal's Signature: | x | | | | |
| Superintendent's Signature: | x | | | | |
| Board President's Signature: | X | | | | |
| Notary with Seal: | X | | | | |
| Equivalency/Letter of Explanation: | x | | | | |
| Bell Schedule: | | | | | |
| School Calendar: | | | | | |
| Contract(Library/Counseling): | | | | -4.5 | |
| | | | | | |

Focus, Priority, Targeted Intervention school-

Enrollment

| High School | 115 |
|---------------------------|-----|
| Middle/Junior High School | 83 |
| Elementary School | 216 |
| Total Enrollment | 414 |

Description: Requesting waiver to use a certified teacher ¹/₂ day with student assistants the other half under the guidance of a Library Media Specialist

Board Month:

Sept. 2015

Approval: Lynn Jønes

| Project Year: | 3 of 3 | |
|----------------------|-----------|----------------|
| School Year: | 2015-2016 | |
| Timeline: | | Superintendent |
| CC: | | Principal |

| Notification | |
|--------------|-------------|
| | will attend |
| | will attend |

| Jefferson | Waurika Public Schools |
|---|---|
| COUNTY | SCHOOL DISTRICT |
| 600 East Florida Avenue, Waurika, Oklahoma | 73573 |
| SCHOOL DISTRICT MAILING ADDRESS | |
| Waurika Elementary School and Waurika Middl | e School |
| NAME OF SITE | den rei kruuseet ko |
| M. M. C. M. | |
| PRINCIPAL SIGNATURE* | DATE |
| A l | 2015 |
| China Station | 8-10-2015 DATE |
| PRINCIPAL SIGNATURE* | |
| | DATE |
| PRINCIPAL SIGNATURE* | RECEIVED |
| Roxie D. Terry | ACCREDITATION |
| SUPERINTENDENT NAME (PLEASE PRINT) | AUG 1 2 2015 |
| | STATE DEPT. OF EDUCATION |
| SUPERINTENDENT E-MAIL ADDRESS | |
| (Kohe Dlerry | 8-10-2015 |
| SUPERINTENDENT SIGNATURE | DATE |
| | |
| I hereby certify that this waiver/deregulation application | was approved by our SDE USE ONLY |
| local board of education at the meeting on <u>August</u> | 10, 20 <u>15</u> PROJECT YEARS |
| Yunta | <u></u> |
| BOARD PRESIDENT SIGNATURE* | ENROLLMENT |
| (11203/200) | 115 High School |
| | Jr./Middle High |
| Shelly Mora Hing OF OK White 08 | 100/2015 |
| NOTARY | DATE <u>210</u> Elementary |
| 05/02/2016 | <u>4</u> <u>1</u> <u>4</u> District Total |
| COMMISSION EXPIRATION DATE | edance 1 to 2 : horrispi uctions) weed 210 35.6.71 2008.6.71 |
| Statute/Oklahoma Administrative Code to be Warved | : houspy) DATE RECEIVED |
| COMMISSION EXPIRATION DATE) full function as fut of the last of | uctions) weid 70 O.S. 210 35.6.71 |
| Standard VII The Media Program C *Original signatures are required. The attached questionnaire must b | A 010 |
| "Original signatures are required. The attached questionnaire must b | Lebrary Medea Services |

use

| De | eregulation/Statutory W | aiver Application W | orksheet |
|------------------|-------------------------|---------------------|---------------|
| ** SCHOOL YEAR : | 2015-2016**** | | |
| Superintendent: | Chad Wilson | County: | Custer |
| District Name: | Weatherford | Date Received: | Aug. 21, 2015 |
| School Name: | Burcham Elem | | |
| RAO: | Kim Hale | Date of Applica | ition: |
| O.A.C. Number: | 210:35-5-71 – Libra | ry Media Services | |
| Statute Number: | | | |
| | | T NT NTA | Maad |

| | Yes | NO | NA | Need |
|------------------------------------|-----|-----|----|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | ТХ | 1.1 | | |
| Principal's Signature: | х | | | |
| Superintendent's Signature: | х | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | х | | _ | |
| Equivalency/Letter of Explanation: | х | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school-

Enrollment

| High School | 509 | |
|---------------------------|------|--|
| Middle/Junior High School | 455 | |
| Elementary School | 1196 | |
| Total Enrollment | 2160 | |

Description: Requesting waiver to use 1/2 time Library Media Specialist and a full-time aide with a computer lab assistant 2 1/2 hours per day

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | | _ | Notification | |
|-------------------------------|-----------|------------------|--------------|-------------|
| Timeline: | 2013 2010 | — Superintendent | | will attend |
| CC: | | Principal | | will attend |

| | Weatherford Public Schools I-026 | | |
|--|--|--|--|
| COUNTY SCHO | SCHOOL DISTRICT | | |
| 516 N Broadway, Weatherford, OK 73096 | | | |
| SCHOOL DISTRICT MAILING ADDRESS | | | |
| Burcham Elementary School | | | |
| NAME OF SITE | | | |
| maila Pankeate | | | |
| PRINCIPAL SIGNATURE* | 8/10/15 | | |
| | DATE | | |
| PRINCIPAL SIGNATURE* | DATE | | |
| | | | |
| PRINCIPAL SIGNATURE* | DATE | | |
| Chad Wilson | RECEIVED | | |
| SUPERINTENDENT NAME (PLEASE PRINT) | ACCREDITATION | | |
| Cwilson@ WPSOK. org | AUG 2 1 2015 | | |
| SUPERINTENDENT E-MAIL ADDRESS | STATE DEPT. OF EDUCATION | | |
| Mul With | 8/10/15 | | |
| SUPERINTENDENT SIGNATURE* | DATE | | |
| boroby costify that this wind the state of t | SDE USE ONLY | | |
| hereby certify that this waiver/deregulation application was ap ocal board of education at the meeting on Aucust 11 | 2010 | | |
| (D) | PROJECT YEARS | | |
| L Michell Alphinger KLEM | | | |
| 30ARD PRESIDENT SIGNATURE* | ENROLLMENT | | |
| NOTARY SEAL → (#04008670 EXP. 09-22-2016) | 509 High School | | |
| | 1/55 Jr./Middle High | | |
| NOTARY OF OK WATE | <u>1/96</u> Elementary | | |
| NOTARY G-22-2011 | 2 110 | | |
| COMMISSION EXPIRATION DATE | 2 JUU District Total | | |
| | (lug 21, 2015 | | |
| tatute/Oklahoma Administrative Code to be Waived: | DATE RECEIVED | | |
| specify statute or OAC (deregulation) number: (see instructions | | | |
| ne 12 LITIS & a fuck tingende | red to process. ** OAC 21035.5.71 Is each Kilinary Media Se | | |
| Original signatures are required. The attached questionnaire must be answe | ied to process. | | |

| De | eregulation/Statutory Wai | ver Application Wo | orksheet |
|------------------------|---------------------------|--------------------|---------------|
| ** SCHOOL YEAR | 2015-2016**** | | |
| Superintendent: | Chad Wilson | County: | Custer |
| District Name: | Weatherford | Date Received: | Aug. 21, 2015 |
| School Name: | Weatherford High | | |
| RAO: | Kim Hale | Date of Applica | tion: |
| O.A.C. Number: | 210:35-9-71 - Library | Media Services | |
| Statute Number: | | | |
| | | | |

| | Yes | No | NA | Need |
|-------------------------------------|-----------|----|----|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | X | | | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | х | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | العاريون | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | 6 191 S S | | | |
| | | | | |

Focus, Priority, Targeted Intervention school-

Enrollment

| High School | 509 | |
|---------------------------|------|--|
| Middle/Junior High School | 455 | |
| Elementary School | 1196 | |
| Total Enrollment | 2160 | |

Description: Requesting waiver to use ¹/₂ time Library Media Specialist and a full-time aide with student aide every hour of the day

Board Month:

Sept. 2015

Approval: nn Jones

| | oject Year: <u>1 of 1</u> hool Year: <u>2015-2016</u> Superin | Superintendent | Notification | will attend |
|-----|---|--------------------|--------------|-------------|
| CC: | | Principal | | will attend |

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION for 20¹⁵ – 20¹⁶ school year

Weatherford Public Schools I-026 Custer COUNTY SCHOOL DISTRICT 516 N Broadway, Weatherford, OK 73096 SCHOOL DISTRICT MAILING ADDRESS Weatherford High School NAME OF SITE 8-10-2015 PRINCIPAL SIGNA PRINCIPAL SIGNATURE* DATE **PRINCIPAL SIGNATURE*** DATE RECEIVED ACCREDITATION had Wilson AUG 2 1 2015 SUPERINTENDENT NAME (PLEASE PRINT) Cwilson@ WPSOK. org STATE DEPT. OF EDUCATION SUPERINTENDENT E-MAIL ADDRESS 8/10/15 il Wilson SUPERINTENDENT SIGNATURE SDE USE ONLY I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on <u>August 10</u>, 20<u>15</u> **PROJECT YEARS** 1 of 1 WER KLEIN BOARD PRESIDENT SIGNATURE **ENROLLMENT** 565 High School NOTARY SEAL -> #04008670 7 Jr./Middle High 196 Elementary ATE OF OK NOTARY 160 District Total DATE RECEIVED COMMISSION EXPIRATION DATE Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. More a half time IMS & a full time *Original signatures are required. The attached questionnaire must be answered to process.** OAC 21035.9-71 Inany Media aide with a student aide, also

lach he of the day

| Deregulation/Statutory Waiver Application Worksheet | | | | | | |
|---|---|-------------------|----------------|--|--|--|
| ** SCHOOL YEAR | | | | | | |
| Superintendent: | Dixie Swearingen | County: | Muskogee | | | |
| District Name: | Webbers Falls | Date Received: | Aug. 26, 2015 | | | |
| School Name: | Elem. and High | | | | | |
| RAO: | Jeff Colclasure 210:35-5-71 and 210: | Date of Applicat | tion: | | | |
| O.A.C. Number: | 210:35-5-71 and 210: | 35-9-71 – Library | Media Services | | | |
| Statute Number: | | | | | | |

| | Yes | No | NA | Need |
|------------------------------------|-----|----|----|------|
| Correct Form: | х | | | |
| Correct Standard Stated: | x | | 1 | |
| Principal's Signature: | x | | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- ES - Focus

Enrollment

| High School | 74 | |
|---------------------------|-----|--|
| Middle/Junior High School | 0 | |
| Elementary School | 206 | |
| Total Enrollment | 280 | |
| | | |

Description: Requesting waiver to use a Library Media Specialist 2/7 time and an aide 5/7 time to operate the library

Board Month:

Sept. 2015

Approval Lynn Jones

| Project Year: School Year: | | - | Notification | |
|-------------------------------|---|----------------|--------------|-------------|
| Timeline: | | Superintendent | | will attend |
| CC: | - | Principal | | will attend |
| | | | | |

Muskogee

Webbers Falls Public School

COUNTY

SCHOOL DISTRICT

PO Box 300, Webbers Falls, OK 74470

SCHOOL DISTRICT MAILING ADDRESS

Webbers Falls Elementary School & Webbers Falls High School

NAME OF SITE High School Elementary <u>8-20</u> date in SIGNATURE* PRINCIPAL DATE DATE PRINCIPAL SIGNATURE* RECEIVED ACCREDITATION dswearingen@webbersfalls.k12.ok.us **Dixie Swearingen** AUG 2 6 2015 SUPERINTENDENT NAME (PLEASE PRINT) STARSWERTINGENEAMENt SUPERINTENDENT E-MAIL ADDRESS 8/20/15 0 SUPERINTENDENT SIGNATURE **SDE USE ONLY** I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on July 13 , 2015 PROJECT YEARS / of / In ENROLLMENT BOARD PRESIDENT SIGNATURE 85.7 **High School** NOTARY SEAL -> Jr./Middle High 8-20-15 DATE 200 Elementary NOTARY 280 District Total COMMISSION EXPIRATION DATE Curry 26 2015 DATE RECEIVED use an IMS 2/7 times an aide Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. 21035-5-71 0 OAC 210 35-9-71. Menary Melea Servica *Original signatures are required. The attached questionnaire must be answered to process.**

| De ** SCHOOL YEAR : | eregulation/Statutory | Waive | er Applic | ation Wo | orksheet | |
|--|--|--------------|------------------------|---|--------------------------|--|
| Superintendent: District Name: | Travis Gates White Rock | | County: Date Re | | Lincoln Aug. 19, 2015 | |
| School Name: RAO: O.A.C. Number: | Elem Linda Proctor-Moore 210:35-5-71 – Libra | e I ary N | Date of A Aledia Se | Applica ervices | tion: | |
| Statute Number: | | | | | | |
| | | Yes | No | NA | Need | |
| Correct Form: | | Х | | | | |
| Correct Standard | Stated: | X | | | | |
| Principal's Signat | ure: | X | | | | |
| Superintendent's | Signature: | x | | | | |
| Board President's | Signature: | X | | | | |
| Notary with Seal: | | X | | | | |
| Equivalency/Lette | er of Explanation: | X | | | | |
| Bell Schedule: | | | | | | |
| School Calendar: | | | | | | |
| Contract(Library | /Counseling): | 1 | | | | |
| | | | | the second se | Loss | |

Focus, Priority, Targeted Intervention school- Priority

Enrollment

| High School | 0 |
|---------------------------|-----|
| Middle/Junior High School | 0 |
| Elementary School | 126 |
| Total Enrollment | 126 |

Description: Requesting waiver to use North Rock Creek Librarian to consult one hour per week with a full-time assistant

Board Month:

Sept. 2015

Approval: Lynn Jones

| Project Year: School Year: | | | Notification | |
|-------------------------------|-----------|------------------|--------------|-------------|
| Timeline: | 2013 2010 | — Superintendent | | will attend |
| CC: | | Principal | | will attend |

SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION for 20 $\underline{/5}$ – 20 $\underline{/6}$ school year

White Rock School Oln 334998 8. 1010 Rd. McLoud, OK 74851-3057 e Kock ementari 8-11-15 DATE PRINCIPAL SIGNATURE* 8-11-15 PRINCIPAL SIGNATURE 8-11-PRINCIPAL SIGNATURE RECEIVED ravis Gates SUPERINTENDENT NAME (PLEASE PRINT AUG 1 9 2015 es@ Whiterock. K12.0K. US STATE DEPT. OF EDUCATION SUREFINTENDENT E-MAIL ADDI <u>8-11-15</u> DATE SUPERINTENDENT SIGNATURE* SDE USE ONLY I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on ______ .20 15 PROJECT YEARS 3 of 3 KARI N. STONE Notary Public BOARD PRESIDENT SIGNATURE* ENROLLMENT State of Oklahoma NOTARY SEAL -> 🕖 High School Jr./Middle High 126 Elementary NOTARY EXP: 12/12/18 126 District Total COMMISSION EXPIRATION DATE DATE RECEIVED riorite Statute/Oklahoma Administrative Code to be Waived: (specify statute or OAC (deregulation) number: (see instructions) 70 O.S. use north Rock Creek librarian to OAC 210:35.5.51 *Original signatures are required. The attached questionnaire must be answered to process.** Consult I have per week up full time hibrary media Services

| Deregulation/Statutory Waiver Application Worksheet | | | | | | |
|---|------------------------|-------------------------|-----------------|--|--|--|
| ** SCHOOL YEAR 2 | | | | | | |
| Superintendent: | | County: | Osage | | | |
| | Woodland | Date Received: | August 28, 2015 | | | |
| | Elem., Middle and High | | | | | |
| | LeGay Riggs | Date of Applicat | | | | |
| O.A.C. Number: | 210:35-5-71 and 210:3 | 5-9-71 - Library | Media Services | | | |
| Statute Number: | | | | | | |

| | Yes | No | NA | Need |
|-------------------------------------|-----|----|----|------|
| Correct Form: | Х | | | |
| Correct Standard Stated: | x | | | |
| Principal's Signature: | x | _ | | |
| Superintendent's Signature: | x | | | |
| Board President's Signature: | x | | | |
| Notary with Seal: | x | | | |
| Equivalency/Letter of Explanation: | x | | | |
| Bell Schedule: | | | | |
| School Calendar: | | | | |
| Contract(Library/Counseling): | 1 | | | |
| | | | | |

Focus, Priority, Targeted Intervention school- ES Targeted Intervention

Enrollment

| High School | 110 |
|---------------------------|-----|
| Middle/Junior High School | 0 |
| Elementary School | 316 |
| Total Enrollment | 426 |

Description: Requesting waiver to use one Library media Specialist and 2 full-time assistants to operate 3 libraries

Board Month:

August 2015

Approval Lynn Jones

| Project Year: | | | | |
|----------------------|-----------|-----------------------------|---------------------|-------------|
| School Year: | 2015-2016 | | Notification | |
| Timeline: | | [—] Superintendent | | will attend |
| CC: | | Principal | | will attend |
| | | | | |

ACCREDITATION DIVISON 2500 North Lincoln Boulevard, Suite 210 Oklahoma City, Oklahoma 73105-4599 (405) 521-3333

DEREGULATION APPLICATION FOR 2015 - 2016 SCHOOL YEAR

| County Name: OSAGE | |
|---|-----------------------------|
| Name of School District: WOODLAND | |
| Name of Site(s): WOODLAND HIGH SCHOOL | |
| WOODLAND ELEMENTARY SCHOOL | |
| WOODLAND MIDDLE SCHOOL | |
| ~ | |
| Original signatures are required. | |
| Signature of Principal(s): Kie Krus Date 8/2 Claudiffe Mashbur Date 8/25 | ACCREDITATION |
| Autophic Date 8/25 | AUG 2 8 2015 |
| Signature of Superintendent: | STATE DEPT. OF EDUCATION |
| Date 6/16/15 | SINE DEFINIST EDUCATION |
| I hereby certify that this deregulation application was approved by our local | SDE USE ONLY |
| board of education at the meeting onJUNE 22, 2015. | |
| | PROJECT YEARS |
| Signature of Board President | _2 of _2 |
| Notary: <u>ZCDWell Statschelett</u> | ENROLLMENT |
| Date: 8-24-15 | High School // D |
| My Commission Expires: | 0 |
| My Commission Expires: 6-5-2018 (SEAL) State of Oklahoma State of Oklahoma | Jr./Middle High U |
| 1 Statement of the Statute to be Weined. (| Elementary <u>3/6</u> |
| 1. <u>Statement of the Statute to be Waived</u> : (specify statutory citation) | District Total 424 |
| OAC 210:35-5-71 - Library Media Services Elementary School - School is changing the standard of library services for their size school. | Date Received 8/28/15 |
| OAC 210:35-9-71 - Library Media Services Secondary School - School | 21035.5.71 |
| is changing the standard of library services for their size school. | OAC: 210 35.9.71 |
| ES. Jargeted dut. | Pa gooding |
| use I ZMIS & Loule time () | filisary media Services. |
| use 1 2MS & 2 full time d aides to operate 3 libranes | Services. |

| | Page 1 of 3 |
|----|--|
| 1. | <u>Alternate Strategy</u> : (Clearly state alternative strategy (ies) which the district proposes and what results are to occur.) |
| | Woodland Schools will operate three libraries as part of a rotation using two full time aides and one full time library media specialist. Our full time library media specialist will oversee the daily operations of the High School and Elementary School libraries. All three libraries will be fully operational to allow student access with results from previous years being unchanged. |
| 2. | <u>Resources Needed</u> : (Outline materials, supplies, staff, etc. that will be needed for this new approach.) |
| | Current staff will be assigned to the library aide positions with the direction of our full time library media specialist. This deregulation will allow our district to providing the same quality of service at no additional cost to our district. The Library Aide's will be required to attend all professional development and in-service training provided by the district. No additional materials, supplies, or staff will be necessary. |
| 3. | |
| 5 | There will not be a noticeable change in the day to day operations of the libraries. Academic rigor will continue at a high level as always. All libraries will continue to be available to our students, staff, and community to enhance their learning experience. |
| | 2. |

| Page 2 of 3 |
|--|
| Evaluation Procedures and/or Process: (Outline procedures/process to be followed and submit follow-up report to SDE at the end of the school year.) The Administration and Board of Education will assess the program at the end of the year and determine feasibility. As previously mentioned, our goal is continued access to our libraries for all of our students, staff, and community. |
| 5. Financial Impact to the District of the Proposed Deregulation: |
| As a rural district, recruitment of qualified and certified employees is a challenge. We are fortunate to have the one media specialist we currently have. With your approval, this deregulation will continue to provide a significant cost savings to our district while providing a level of service equal to or above previous years. |

| 6. | <u>Timeline(s)</u> : | (Please submit class schedule, calendars, assessment forms, and other attachments as |
|----|----------------------|--|
| | necessary.) | |

Please see attachments.

Page 3 of 3

WOODLAND PUBLIC SCHOOLS

| 2015-2016 | School | Calendar |
|-----------|--------|----------|
| | | |

| August 2015 | | | | | | | | | |
|-------------|----|----|----|----|----|----|--|--|--|
| Su | Μ | Τυ | W | Th | F | S | | | |
| | | | | | | 1 | | | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | |
| 30 | 31 | | | | | 15 | | | |

| Su | M | Τυ | W | Th | F | S |
|----|----|----|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |
| | | | | | | 17 |

| Su | M | Τυ | W | Th | F | S |
|----|----|----|----|----|----|----|
| | | - | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | 16 |

| 1.00 | November 2015 | | | | | | | | |
|------|---------------|----|----|----|----|----|--|--|--|
| Su | Μ | Τυ | W | Th | F | S | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | |
| 29 | 30 | | | | _ | | | | |
| | | | | | | 15 | | | |

| Su | M | Τυ | W | Th | F | S |
|-----|----|----|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |
| 877 | | | | | | 11 |

| January 2016 | | | | | | | | | |
|--------------|----|----|----|----|----|----|--|--|--|
| Su | Μ | Τυ | W | Th | F | S | | | |
| | _ | _ | | | 1 | 2 | | | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | |
| 31 | | | | | | 16 | | | |

| Su | M | Tu | W | Th | F | S |
|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | | | | - | |
| | | | | | | 17 |

| | March 2016 | | | | | | | | | |
|----|------------|----|----|----|----|----|--|--|--|--|
| Su | Μ | Tu | W | Th | F | S | | | | |
| 1 | | 1 | 2 | 3 | 4 | 5 | | | | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | | | | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | | | | |
| 27 | 28 | 29 | 30 | 31 | | | | | | |
| | | | | | | 15 | | | | |

| April 2016 | | | | | | | | | |
|------------|----|----|----|----|----|----|--|--|--|
| Su | Μ | Τυ | W | Th | F | S | | | |
| | | | | | 1 | 2 | | | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | |
| | | | | | | 16 | | | |

July 2016

S

| May 2016 | | | | | | | | |
|----------|-----|-------|-------------|-----------|----|----|--|--|
| Su | M | Tu | W | Th | F | S | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | | |
| 29 | 30 | 31 | | | | | | |
| | | | | | | 12 | | |
| | AUG | UST 5 | FIRST DAY C | | | | | |
| SEPT 7 | | | | LABOR DAY | | | | |

OCT 15 - 16

NOV 25 - 27

June 2016 Su Μ Τυ W Th F S F SCHOOL DEC 21-JAN 1

Su M Tu W Th F CHRISTMAS BREAK

MARCH 14-18 **MAY 19**

SPRING BREAK LAST DAY OF SCHOOL

STAFF DEVELOPMENT / NO STUDENTS FIRST / LAST DAY OF SCHOOL SNOW DAY - NO SCHOOL END OF 9 WEEK PERIOD

FALL BREAK

THANKSGIVING BREAK

(5th Prof. Dev. Day will be completed hourly during the year)

150 INSTRUCTIONAL DAYS / 5 PROF DEVELOPMENT DAYS / 2 PARENT CONF DAYS



June 16, 2015

Dear Superintendent Hofmeister and Members of the Oklahoma State Board of Education:

The Woodland Board of Education recently approved a 1,080 hour, four-day per week calendar for our entire district. A copy of Woodland's 2015-16 school calendar is attached. I seek approval through deregulation to allow our district libraries to operate on this same 1,080 hour, 4 day per week schedule for the 2015-16 school year, and use a certified librarian with two aides to oversee library operations.

The deregulation that I seek would allow us to provide the same level of access for our students to library services. Having one certified librarian oversee two aides, would allow us a considerable cost savings while providing the same level of service.

Your consideration to grant our district the flexibility to utilize one certified library media specialist and two aides to provide library services, which best fits our community and students' needs is greatly appreciated.

Respectfully,

nul Kuni

Todd Kimrey Superintendent

~

Office of the Superintendent / 100 N. 6th Street, Fairfax, OK 74637 (918)642-3289 Office / (918)642-1333 Fax / 711 (TDD) This Institution is an Equal Opportunity Provider, and Employer