



Waiver Request Form: Standards of Learning (SOL) Test Expedited Retakes School Division Request to Administer Expedited Retakes After the Last Day of School

This waiver request form is to be completed by any school division requesting to administer SOL test expedited retakes after the last day of school in the division. The document is to be signed and dated by the Division Director of Testing (DDOT) and the Division Superintendent. Please email the completed, signed form to Student_Assessment@doe.virginia.gov no later than May 1. A response will be returned to the DDOT and Superintendent within approximately two weeks after receipt of the completed form.

I. School Division Information

Requesting Division:

School Year:

Division's Spring Test Window(s) (mm/dd/yy – mm/dd/yy):

Division's Last Day of School (mm/dd/yy):

II. SOL Tests Included in Waiver Request

Select the SOL Tests to which this Waiver Request Applies:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Gr 3 Mathematics | <input type="checkbox"/> Gr 4 Mathematics | <input type="checkbox"/> Gr 5 Mathematics | <input type="checkbox"/> Gr 5 Science |
| <input type="checkbox"/> Gr 3 Reading | <input type="checkbox"/> Gr 4 Reading | <input type="checkbox"/> Gr 5 Reading | <input type="checkbox"/> Virginia Studies |
| <input type="checkbox"/> Gr 6 Mathematics | <input type="checkbox"/> Gr 7 Mathematics | <input type="checkbox"/> Gr 8 Mathematics | <input type="checkbox"/> Gr 8 Science |
| <input type="checkbox"/> Gr 6 Reading | <input type="checkbox"/> Gr 7 Reading | <input type="checkbox"/> Gr 8 Reading | <input type="checkbox"/> Civics and Economics |
| <input type="checkbox"/> End-of-Course (EOC) Mathematics | <input type="checkbox"/> EOC Reading | <input type="checkbox"/> EOC Science | |
| <input type="checkbox"/> EOC History | | | |
-

III. Waiver Request Justification and Details

Describe in detail why the division is requesting this waiver:

Includes details such as: why a waiver is needed to best serve students, what are the challenges your division is facing without this waiver, how this waiver will best support students in gaining additional intervention services.

Describe in detail how this waiver would be implemented if it were granted:

Include details such as: criteria for identifying students, how parents would be notified and informed of the expedited retake option, how parent approval for this optional testing would be obtained, how students would be transported, what remediation would be provided, when remediation would be provided, when identified students would take their expedited retakes, etc.

IV. Signatures

Division Director of Testing (signature):

Division Director of Testing (print):

Date:

Division Director of Testing Email:

Division Superintendent (signature):

Division Superintendent (print):

Date:

Division Superintendent Email:

For VDOE Use: