Page 1 of 1



The School Board of Brevard County, Florida Office of Student Services

Statewide, Standardized Results Waiver for Students with Disabilities Form

Student Name:		Student Number:		
School Name:		School Number:	Graduation Cohort:	
Student Grade:	Date of Birth:	Date of IEP/Waiver Mee	eting: MUST be prior to January 30 of 12th grade year	
			7:	
Section 1008.22(3)(d)(2), Flor	rida Statutes (F.S.), states th	ne following:		
standardized assessment accommodations, shall h waiver shall be designated	s under this section car have assessment results wanted on the student's transcrip	not accurately measure the student's ab ived for the purpose of receiving a course	plan (IEP) team determines that the statewide, illities, taking into consideration all allowable grade and a standard high school diploma. Such to a statement that performance on an assessment plicable.	
In order to be considered for the	ne statewide, standardized a	assessment results waiver:		
		a disability, as defined in s. 1007.02, F.S.		
In accordance with s. 100	e taken the statewide, stand 08.22(3)(d)(2), F.S., the IEF	ardized assessment with appropriate allowable team must make a determination of whether aration all allowable accommodations for students.	r a statewide, standardized assessment accurately	
SECTION 1: ASSESSI	MENT REVIEW			
The IEP team must meet to	determine whether the s	tatewide, assessment results should be w	vaived. Complete this section.	
Name of Assessment:		Date of Administration:		
Accommodations Provided	from IEP:		Score or Level Achieved:	
If EOC, Course Title:		1st Semester Grade:	2 nd Semester Grade:	
		that the results of the statewide, standard apply, at least one must be selected.)	dized assessment results are not an accurate es No	
Classroom work s	amples	10	110	
Course grades	•			
Teacher observation	ons			
	om data derived from for			
		quired course standards (Tier 2)		
		uired course standards (Tier 3)		
		advanced placement, etc.)		
	ndary coursework through	gn duai enroilment		
		·		
Tornono.				
2. The assessment was tak accordance with the stud		wable accommodations in		
3. Has the student demons	trated proficiency of the	content being assessed?		
• If no, what adju	stments have been made	to the student's accommodations and/o	or services on the IEP?	
Date:				
Waiver-Assessment	Original: Audit File	Copies: Parent/Guardian, Cumulative		

	doesn't the statewide, standardized assessing the selected)	ment accurately measure the student's abilities? (Che	eck all that apply, at least one			
	The student received the following accommassessment:	modations in the classroom that are not allowed on the	e statewide, standardized			
		s disability prohibits the student from responding to the test, even with allowable accommodations, so that the results flect the student's impaired sensory, manual, or speaking skills rather that the student's abilities.				
	Other:					
SECT	TION 2: IEP TEAM RECOMMEND	ATION				
The fo	llowing determination has been made by the	e IEP team:				
The IEP team has approved the waiv		of this statewide, standardized assessment results.	Yes No			
the dis	trict's obligation to make available to the s	the results will not be waived, the student and the student a free appropriate public education through a ives a standard diploma, whichever occurs first. (Rul	ge 21 (until the student turns 22,			
SIGN	ATURES					
Stud	lent:	Parent/Guardian:				
Tea	cher:	Other:				
LEA	Representative:	Title of LEA Rep:				
SEC	TION 3: PARENT/GUARDIAN API	PROVAL REQUIRED				
			Yes No			
	I approve the waiver of statewide, standard	dardized assessment results.				
Signat	ture of Parent/Guardian/or Student, if 18	years old (Required)	Date			
not app	rove the waiver of the statewide, standardized as	al of the waiver of statewide, standardized assessment results ssessment results, the IEP team should document this in the buld be provided to the student, regardless of the parent's a copy of the Procedural Safeguards.	meeting notes. In this circumstance,			
		For Internal Use Only				
The		ΓΥ Ties that all the required documentation has been comp that the student is going to be awarded a standard high				
Scho	ool Principal or Designee Signature:		Date:			
Dire	ctor of ESE Program Support or Designee:		Date:			

Waiver-Assessment Original: Audit File Copies: Parent/Guardian, Cumulative File Revised 4.17.23 MB-SS