

ILLINOIS STATE BOARD OF EDUCATION

Innovation and Improvement Division

100 North First Street, N-242

Springfield, IL 62777-0001

**Reverse of Supplemental Educational Services (SES) and Public School Choice Participation
APPLICATION COVER SHEET**

Instructions: Complete all portions of the **APPLICATION COVER SHEET** as instructed and submit with the documents as requested. These documents, with the **ORIGINAL** signature of the District Superintendent on the **APPLICATION COVER SHEET**, must be submitted for this application to be approved.

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
SUPERINTENDENT NAME	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)
	E-MAIL

SECTION I—Required Documentation

To be considered for this waiver, the District must provide the following information in an attachment.

Provide the federal improvement status for each school participating in the reverse waiver. Not all schools within the district have to participate in the reverse option.

Indicate the reason the district is requesting to participate in the reverse waiver. The following are examples that might be cited:

- there may not be a school that can be offered as a choice-option school;
- the district may consider offering supplemental Education Services a positive action to increase the students' achievement levels; or
- district data indicates a trend that the school(s) could be required to offer Supplemental Educational Services in the near future.

SECTION II—Assurances

- A. Regardless of approval or denial of this request, the district will continue to provide parents timely information about the status of the schools within the district, their parent involvement opportunities and the availability of SES and public school choice. [Section 1116(c)(6)].
- B. There are at least two SES providers available within the district from which parents may choose.
- C. SES services will begin in accordance with the timeline set forth in **23 Illinois Administrative Code Part 675-175**.
- D. The district will offer continuous enrollment in SES or multiple SES enrollment periods through the school year.
- F. The district will provide fair and equitable treatment of providers, and providers will be granted the same access to district facilities as is granted other outside groups.
- G. The districts will allow providers to market their services to parents and work with community and business partners to reach out to parents and provide them with the information on their options.
- H. If approved, the district agrees to provide additional information to ISBE as may be required by ISBE. This information must be accurate and supplied in a timely manner. Please see the website http://www.isbe.net/nclb/htmls/differentiated_flexibility_reverse.htm with likely additional reporting requirements of participating districts.

Requests will be considered on a case-by-case basis. Completed Applications should be sent to:

Ev Deimel, Innovation and Improvement Division
Illinois State Board of Education
100 N. 1st Street, N-242
Springfield, IL 62777-0001

Telephone: 217-524-4832
E-Mail: edeimel@isbe.net

By submitting the plan on behalf of the district, the district superintendent certifies to ISBE that all the assurances and information provided are true and correct.

_____ Date

_____ *Original* Signature of Superintendent

Please keep a copy on file for monitoring and audit purposes.

ISBE USE ONLY

Approved

Not Approved

_____ Date Received

_____ Date Reviewed