

Wakulla County Schools  
**IEP TEAM END OF COURSE EXAMINATION(S) WAIVER**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of IEP Team Meeting: \_\_\_\_\_

Exceptionalities: \_\_\_\_\_

For the student being considered for the End of Course Examination (EOC) Waiver, the following information shall be completed:

Course Title: \_\_\_\_\_ Course No: \_\_\_\_\_

**IEP Team Review**

Per state statutes, the IEP team must meet to determine whether or not the EOC exam requirement should be waived. The questions in this section may help guide the determination.

**1. What information related to the student has the IEP team reviewed? (Check yes or no for each item listed.)**

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Individual Educational Plan                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Classroom performance                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Academic history, report cards, or course transcripts   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Performance on other academic standardized assessments  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Accommodations provided to the student on the EOC Exams | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Attendance  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Classroom Assessments                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Work samples reflecting mastery of skills               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other (Please specify) _____                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**2. Why does the EOC exam not accurately measure the student's abilities? (Check at least one. Check all that apply.)**

- The student received the following accommodations in the classroom that are not allowed on the EOC exams: (describe or attach information)

\_\_\_\_\_

- The student's disability prohibits the student from responding to the computerized or written test, even with allowable accommodations, so that the results of the test reflect the student's impaired sensory, manual, or speaking skills rather than the student's abilities.

- Other: \_\_\_\_\_

**3. Has the student demonstrated proficiency of the Course/Next Generation Standards as assessed on the EOC exams? If yes, continue with the completion of this form. If no, the student is not eligible for an EOC exam waiver at this time.  Yes  No**

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**4. If yes, evidence of the student’s proficiency of core content established in the Next Generation Standards includes the following:** (Check at least one. Check all that apply)

- The student’s performance on other standardized academic assessments, such as the Scholastic Assessment Test (SAT), College Placement Test (CPT), Postsecondary Education Readiness Test (PERT) or American College Test (ACT) (Indicate test and scores.)  
\_\_\_\_\_
- The student’s performance in core academic courses (e.g., science and mathematics), including classroom work, test, quizzes, and teacher observations.
- The student’s performance in higher-level courses (e.g., honors, advanced placement) or in postsecondary courses through dual reenrollment.
- Other: \_\_\_\_\_

**IEP Team Recommendations:**

Based on its consideration of information regarding the student – including disability, academic performance, and accommodations provided, and demonstration of proficiency of the Next Generation Standards as assessed by the EOC exam - - the IEP team has determined that the passing score for the EOC exam should be waived.    Yes    No

In the event that the IEP team determined that passing the EOC exam will not be waived, the student and the parent have been informed of the district’s obligation to make available to the student a free appropriate public education through age 21 (until the student turns 22 or until the end of the semester or school year in which the student turns 22, in accordance with the school district’s policy) or receives a standard diploma, whichever occurs first (Rule 6A-6.03028(1), F.A.C.)

**IEP Team Members:**

<i>Name</i>	<i>Title</i>
	Parent(s)
	Student
	LEA Designee
	ESE Teacher
	Regular Education Teacher
	Interpreter of Instructional Implication of Evaluation
	Guidance Counselor

The signature of the principal or designee signifies that the IEP team has completed the waiver form in its entirety.

**Reviewing Authority**

\_\_\_\_\_  
Principal/Designee

\_\_\_\_\_  
Date