

## Pregnancy Related Services On-Campus CEHI

1. Give a brief description of the requested waiver. *A waiver is requested for Pregnancy Related Services. The purpose of the waiver is to provide educational services for students at a school in a homelike environment and at home (not just at home or at the hospital bedside) when pregnancy prevents the student from attending school and during the post partum period.*

2. Does the district or campus plan reflect the need for this waiver? *Yes.*

If yes, what is the specific objective impacted by the waiver? *The specific campus objective as stated in the campus improvement plan is: The dropout rate will be reduced with the ultimate goal of eliminating dropouts.*

3. Cite the Texas Education Code or the Texas Administration Code that the district or campus wishes to waive. *The purpose of this request is to waive the requirement in the 2008-2009, 2009-2010 and 2010-2011 Student Attendance Handbook for PRS / CEHI as stated in section 9 (TEC Chapter 25).*

4. Describe the plan to be implemented, if the waiver is granted. *Students are visited in the hospital and/or at home 1-2 times by a certified teacher responsible for the CEHI (more times if there is a medical need). The students come to the PEP classroom 2-4 times per week for 4 hours of instruction. Transportation is provided to the students and is available during the school day as needed. Transportation is provided to and from the student's home.*

5. How will granting this waiver help achieve the district or campus's objective? *Students will benefit from this waiver because in addition to the certified teacher for CEHI, the students will continue to have access to learning resources, the Internet, and the regular classroom teachers thus increasing the likelihood of academic success and a smooth transition back into the regular academic program.*

6. Please explain how the school district or campus will evaluate the impact of the waiver towards meeting the district or campus's goal. *The district will review annually attendance rates, graduation rates, and the number of credits earned for students receiving these services.*

7. Please specify the school years for which the waiver is requested, to a maximum of three years.

☒ 2008-2009

☒ 2009-2010

☒ 2010-2011