

Texas Education Agency
Request for Maximum Class Size Waiver
 Fall Semester (2003-2004 School Year)

Ector County ISD
 District Name

068-901
 County-District Number

Academically Acceptable
 Current District Accountability Rating

This form is also available on-line at www.tea.state.tx.us. Completed forms must be submitted in hard copy to the Texas Education Agency, State Waiver Unit, 1701 North Congress Avenue, Austin, TX 78701-1494 or Fax: 512-475-3666. (This report is authorized under TEC §39.183.)

			Total Number of District Sections That Exceed 22:1 Class Size Ratio: <u>10</u> (This amount should be entered only one time even though additional sheets may be needed for campus information.)						
Campus Name(s)	Campus No.	Campus Accountability Rating	K	1	2	3	4		F=Facilities T=Teachers G=Unanticipated Growth
			Total Sections	Total Sections	Total Sections	Total Sections	Total Sections	Total K-4 Sections	Reason(s)
Pease	117			1				1	G
Travis	122					1		1	G
District Totals			1	2	3	1	3	10	

Instructions

Each district is to conduct a class enrollment survey kindergarten through grade four (K-4) no later than January 21, 2004. Based on class enrollment surveys for grades K-4, enter the campus name and campus number for each campus in which the class size ratio exceeds 22:1. Enter the total number of sections and the reason(s) for the waiver request. Class size limits do not apply to physical education or fine arts classes.

The waiver request must be submitted by February 20, 2004, and must include a current compliance plan that has been approved by the local board of trustees. The plan must include the name(s) of campus(es), campus rating, grade(s), and number of sections exceeding a 22:1 class size ratio; steps to be taken to bring the district into compliance, timeline for completion, any new efforts/progress toward compliance (if plan was previously submitted), and specific reasons that noncompliance must be addressed. In addition, districts that request a waiver due to an inability to employ teachers must document efforts to recruit and hire staff.

Roy C. Benavides
 Print Name of Superintendent

 Signature of Superintendent

 Date

Delma Abalos
 Print Name of Board President

 Signature of Board President

 Date of Board Approval

Hector Mendez
 Print Name of Contact Person

(915) 334-7109
 Telephone Number

(915) 335-8984
 Fax Number