Texas Education Agency Request for Maximum Class Size Waiver

Spring Semester (2006-2007 School Year)

District Name:	Ector County I.S.D.	<u> 068</u> - <u>901</u>	Acceptable
Address:	P.O. Box 3912	County-District Number	Current District
	Odessa, Tx 79760	-	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.)

* It is not necessary to submit this form unless a waiver is needed.

			(This amou						e Ratio: ets may be needed
Campus Name(s)	Campus No.	Campus Accountability Rating	К	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)
Zavala	123	Acceptable	3					3	F
District Totals			7	3	1	3	4	18	

<u>Instructions</u>

Each district is to conduct a class enrollment survey of Kindergarten through Grade Four (K-4) no later than **January 18**, **2007**. 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 16, 2007**, 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.

Wendell Sollis Print Name of Superintendent	Signature of Superintendent	January 23, 2007 Date	-
Randy Rives Print Name of Board President	Signature of Board President	January 23, 2007 Date of Board Approval	For Against Abstain Absent Board Vote
Dr. Joseph Gallegos Print Name of Contact Person	(432) 334-7116 Telephone Number	(432) 334-7146 Fax Number	CDD-10