

**ROBSTOWN INDEPENDENT SCHOOL DISTRICT
AGENDA ACTION SHEET**

Date: March 15, 2021

Subject: Approval of CPR Requirement Waiver

Administrator Responsible: Diana L. Silvas

Position: Deputy Superintendent

A. Purpose of Agenda Item:

Information Only

Action Needed

B. Authority for this Action:

Local Policy _____

Law or Rule TEC 28.0023

C. Strategic Objective, Goal, or Need Addressed: Approval of CPR Waiver

D. Summary: State law (TEC 28.0023) requires school districts and open-enrollment charter schools to provide instruction in cardiopulmonary resuscitation (CPR) to students in grades 7 through 12, and students must receive the instruction at least once before graduating from high school. If seniors in 2020-2021 have not received the required instruction in CPR, a school district may request a waiver of the requirement from the Commissioner.

E. Alternatives Considered:

F. Comments Received:

G. Administrative Recommendation: That the Board Approve the CPR Requirement Waiver.

H. Fiscal Impact and Cost:

I. Monitoring and Reporting Time Line:



Waivers

2020-2021 Application for Other Waiver **Waiver ID: 60701**

Application Information

Category: General	Creator: Diana Silvas, District Editor	Status: Draft
Creation Date: 3/4/2021	Approving Superintendent:	Assigned To: Diana Silvas

<p>LEA Contact</p> <p>Full Name: Diana Silvas Phone: (361) 767-6600 Ext: 2064 Email: diana.silvas@robstownisd.org</p>	<p>LEA Information</p> <p>LEA: ROBSTOWN ISD (178909) Address: 801 N 1ST ST, ROBSTOWN, TX 78380-2608 Phone: (361) 767-6600 Ext: 2000</p>
---	---

Date of LEA Board of Trustees Approval

Date:

Special Instructions

This waiver allows districts and charter schools to request a waiver of a requirement, restriction, or prohibition imposed by the Texas Education Code (TEC) or rule of the board or commissioner, except as prohibited by TEC § 7.056 (e).

Waiver Description

Enter a brief waiver description:

Waiver from the CPR instruction requirement for seniors due to COVID-19

General Questions

- 1. Give a brief narrative description of the requested waiver.**

Waiver from the CPR instruction requirement for seniors due to COVID-19
- 2. Does the district or campus plan reflect the need for this waiver? If yes, what is the specific objective impacted by the waiver?**

N/A
- 3. Cite the section(s) of the Texas Education Code or the Texas Administrative Code that the district or campus wishes to waive.**

TEC 28.0023 and applicable rules in TAC 74.38

4. Describe the plan to be implemented, if the waiver is granted.

N/A

5. How will granting this waiver help achieve the district's or campus' objective?

N/A

6. Please explain how the school district or campus will evaluate the impact of the waiver towards meeting the district's or campus' goal.

N/A

Requested Years

2020-2021

LEA Attachments (0)

There are no LEA attachments.