



## Charter Amendment Request From

The Charter Amendment Request Form and all required documentation must be received via email ([ade.charterschools@arkansas.gov](mailto:ade.charterschools@arkansas.gov)) at the Arkansas Department of Education at least 35 days prior to the Charter Authorizing Panel meeting.

**Charter Name:** Garfield Scholars' Academy

**LEA Number:** 0448

**Superintendent or Director:** Cheryl Harrison, director. Melanie Kennon, CEO

**Email:** [cheryl.harrison@garfieldscholars.org](mailto:cheryl.harrison@garfieldscholars.org),  
[melanie.kennon@garfieldscholars.org](mailto:melanie.kennon@garfieldscholars.org)

**Phone:** 479-236-5058  
479-405-4261

*\*All open-enrollment amendment requests must include evidence that the request was contemporaneously sent by the applicant to the superintendent of the school district where the charter is located.*

### Type of Amendment(s) Requested

- Add a New Campus** (Must also submit the map of current location, map of proposed location, Facilities Utilization Agreement and desegregation analysis)

Address:

School District:

- Relocate Existing Campus** (Must also submit the map of current location, map of proposed location, Facilities Utilization Agreement and desegregation analysis)

Campus Name:

Current Address:

Proposed Address:

School District:

- Increase Enrollment Cap**

Current Cap:

Proposed Cap:

**Change Grade Levels Served**

Current Grade Levels Served:

Proposed Grade Levels Served:

**Name Change**

New Name of Charter:

**Other** (Describe requested change)

Garfield Scholars' Academy would like to request a waiver for a certified school counselor position to a non-certified position with a degree in the area of emphasis. We have a plan to include local agencies with access to mental as well as physical healthcare to support our students until our current candidate is fully licensed. As it is difficult to find someone who is willing to work less than full time, our candidate meets all of the expectations of this position with the exception of a state license.

**Waiver(s)**

<b>Waiver Topic #1</b>	<b>Waiver for a staff member serving as a counselor without state licensure.</b>
<b>Arkansas Code Annotated</b>	<b>NA</b>
<b>Standard for Accreditation</b>	<b>4-E.1 &amp; 4-E.2 and Section 3.01.1.1 of the DESE Rules Governing School Counseling Programs.</b>
<b>ADE Rules</b>	<b>NA</b>
<b>Rationale for Waiver</b>	<ul style="list-style-type: none"> <li>• <b>Fully licensed school counselors are difficult to find in this area.</b></li> <li>• <b>We are a small charter school and are unable to pay a licensed professional full-time in this role.</b></li> </ul>

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|  | <ul style="list-style-type: none"><li>● <b>All teachers and staff will follow the school's Comprehensive School Counseling Plan.</b></li><li>● <b>There are a great many mental health and counseling referral resources in NWA that we can access for student support.</b></li></ul> |
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**Our Ideal Candidate Would:**

- **Have a Bachelor's or higher degree in a field related to school counseling.**
- **Be actively working toward a licensure or certification in School Counseling**
- **Be trained in School Threat Assessment Protocols necessary to identify and respond to bullying, suicide, and threat to others.**
- **Complete a background check**

