

# Educational Waiver

## Facility Name

**Incarcerated Individual Name:** \_\_\_\_\_

**Incarcerated Individual Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Staffing:** \_\_\_\_\_

**Names & Titles of Person Attending:** \_\_\_\_\_

The purpose of this staffing is to determine if it is reasonable to require the above mentioned incarcerated individual to be involved in an educational program as required under **Section 904.516 of the Iowa Code**. This determination will be made only if all of the following conditions are met:

1. The incarcerated individual is not demonstrating academic skills progress in a reasonable time period;
2. The incarcerated individual appears to have a limited capability for learning; and
3. Reasonable alternative educational services for helping the incarcerated individual make progress have been exhausted.

**I. Not Demonstrating Progress**

A. Dates and results of TABE reading measures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Dates and results of pre-HiSET or HiSET tests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Evaluations by education staff working with incarcerated individual:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Limited Capability for Learning**

A. Pre-Department of Corrections education records:

\_\_\_\_\_  
\_\_\_\_\_

B. IQ Testing:

\_\_\_\_\_  
\_\_\_\_\_

C. Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_

**III. Reasonable Alternative Educational Services Exhausted:**

(Please describe the different methods and strategies used.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Decision and Recommendations of Staffing Team:**

Exempt from educational requirements for:

- 3 months       6 months       12 months       permanent

Signatures

Title

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. Final Approval and Recommendations:**

- Staffing team recommendation       3 months       6 months       12 months       permanent

Next Review Date:	_____
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\_\_\_\_\_  
Director of Education, Department of Corrections

\_\_\_\_\_  
Date