

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 3 months 6 months 12 months permanent recommendation

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

Date