



Washington Office of Superintendent of
PUBLIC INSTRUCTION

CAREER AND TECHNICAL EDUCATION
Old Capitol Building | PO BOX 47200 | Olympia WA 98504-7200

CTE Course Equivalency Waiver Application Form

This form should be used by board of directors of school districts to request a waiver from the provisions of RCW 28A.230.010; requiring districts to provide high school students the opportunity to access state Career and Technical statewide course equivalency courses. Rules for the CTE Course Equivalency waiver are codified as [WAC 180-18-100](#).

- Districts with fewer than two thousand students according to the October P223 headcount may apply for a waiver of up to two years from the provisions of RCW 28A.230.010.
- To receive a waiver, districts must demonstrate that students enrolled in the district do not have and cannot be provided reasonable access, through high schools, inter-district cooperatives, skill centers or branch or satellite skill centers, or through online learning or Running Start vocational courses, to the statewide course equivalencies.
- To provide sufficient notice to students, parents, and staff, the application must be submitted to OSPI no later than January 15th of the school year prior to the school year for which the waiver is requested starting with 2021-22 and beyond.

For questions related to course equivalency policy or waiver application requirements please contact Lisa Fish at lisa.fish@k12.wa.us.

Contact Information

Contact Name:	Title:
School District:	District enrollment (P223 report):
Telephone:	Email:
Waiver requested for: <input type="checkbox"/> One Year <input type="checkbox"/> Two Years	

CTE Course Equivalency Information

1. Do students have an opportunity to attend a skill center? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, name of skill center:
b. Does the skill center offer one or more state approved equivalency courses? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the district offer any locally approved equivalency courses? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the course (CIP code/local name) and the associated academic credit students have access to through the locally approved equivalent course:

3. Please describe the specific barriers preventing students in your district from accessing at least one statewide CTE course equivalency in a core academic content area through the following:
a. High school courses:
b. Skill Centers:
c. Inter-district cooperatives:
d. Online learning:
e. Running Start vocational courses:
4. Describe the district's plan to increase student access to CTE equivalency courses to increase flexibility and support student choice in meeting graduation requirements:

Please electronically sign and date, identifying representation of the School Board Director, Superintendent, and CTE Director.

Name	Title	Date
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.

Return to:		
Career and Technical Education PO Box 47200 Olympia, WA 98504	cte@k12.wa.us	360-725-6245

OSPI USE ONLY	
Received Date: _____	<input type="checkbox"/> Approved
Response to Submitter Date: _____	<input type="checkbox"/> Denied: _____
	<input type="checkbox"/> More Information Needed: _____
CTE Course Equivalency Program Coordinator Signature: _____	Date: _____
CTE Executive Director Signature: _____	Date: _____