



OKLAHOMA STATE  
DEPARTMENT of EDUCATION

MEMORANDUM

**TO:** The Honorable Members of the State Board of Education

**FROM:** Ryan Walters

**DATE:** October 24, 2024

**SUBJECT:** Statutory Waiver Concerning Cooperative Agreements for Alternative Education

The following schools are requesting a statutory waiver of 70 O.S. 1210.568, which requires them to enter into a cooperative agreement with another school district if enrollment in their alternative education program is less than ten (10) students for the 2024-2025 school year. Approval is recommended.

| County       | District        | Waiver Year (Total) |
|--------------|-----------------|---------------------|
|              | <b>3 Years</b>  |                     |
| Caddo        | Lookeba-Sickles | 2 of 2              |
| Choctaw      | Hugo            | 2 of 2              |
| Comanche     | Bishop          | 3 of 3              |
| Delaware     | Leach           | 2 of 2              |
| Latimer      | Talihina        | 3 of 3              |
| LeFlore      | Shady Pointe    | 3 of 3              |
| McCurtain    | Eagletown       | 2 of 2              |
| Nowata       | Nowata          | 3 of 3              |
| Oklahoma     | Millwood        | 2 of 2              |
| Osage        | Wynona          | 3 of 3              |
| Pottawatomie | Shawnee         | 3 of 3              |
| Pushmataha   | Nashoba         | 2 of 2              |
| Texas        | Goodwell        | 3 of 3              |

\* The number in the County category represents the Congressional District.  
See the attached map.

LJ/ab

Attachments

## **Section 915. Alternative Education Programs - Statewide System.**

A. Beginning with the first semester of the 1996-1997 school year, the State Board of Education shall implement a statewide system of alternative education programs which shall be phased-in within seven (7) years. The statewide system shall include but not be limited to Alternative Approaches grant programs, funded pursuant to Section 1210.561 of this title, and alternative academies or alternative programs implemented pursuant to this section.

B. Beginning with the first semester of the 2002-2003 school year, all school districts of this state shall provide alternative education programs that conform to the requirements of statutes and rules applicable to alternative education. A program shall:

1. Allow class sizes and student/teacher ratios which are conducive to effective learning for at-risk students;
2. Incorporate appropriate structure, curriculum, and interaction and reinforcement strategies designed to provide effective instruction;
3. Include an intake and screening process to determine eligibility of students;
4. Demonstrate that teaching faculty are appropriately licensed or certified teachers;
5. Demonstrate that teaching faculty have been selected on the basis of a record of successful work with at-risk students or personal and educational factors that qualify them for work with at-risk students;
6. Reflect appropriate collaborative efforts with state agencies and local agencies serving youth;
7. Provide courses that meet the academic curricula standards adopted by the State Board of Education and additional remedial courses;
8. Offer individualized instruction;
9. State clear and measurable program goals and objectives;
10. Include counseling and social services components with the provision that providers of services are not required to be certified as school counselors;
11. Require a plan leading to graduation be developed for each student in the program which will allow the student to participate in graduation exercises for the school district after meeting the requirements of the school district as specified in the individual graduation plan for that student; provided, for students who enter the ninth grade in or prior to the 2007-08 school year, the plan shall specifically address whether the student is required to meet the graduation requirements established in Section 11-103.6 of this title;
12. Offer life skills instruction;
13. Provide opportunities for arts education to students, including Artists in Residence programs coordinated with the Oklahoma Arts Council;
14. Provide a proposed annual budget;
15. Include an evaluation component including an annual written self-evaluation;
16. Be appropriately designed to serve middle school, junior high school and secondary school students in grades six through twelve who are most at risk of not completing a high school education for a reason other than that identified in Section 13-101 of this title; and
17. Allow students in the alternative education program, who otherwise meet all of the participation requirements, to participate in vocational programs and extracurricular activities, including but not limited to athletics, band, and clubs.

C. The alternative education program of a school district shall be operational and serving students by September 15 of each school year.

D. Each alternative education program of a school district shall receive funding based on the combined number of dropouts and students within the district who have been referred to a county juvenile service unit, a county juvenile bureau or who have been committed to the custody of the Office of Juvenile Affairs. Each alternative education program shall receive incentive funding as follows:

1. For the first year of operation, One Thousand Dollars (\$1,000.00) per student;

2. For the second year of operation, Seven Hundred Fifty Dollars (\$750.00) per student; and
3. For the third year of operation and each year thereafter, Seven Hundred Dollars (\$700.00) per student.

Statewide alternative education funding shall not be used to supplant existing school district resources or to support programs that do not meet all the criteria for the statewide alternative education system. No alternative education program shall receive less than a total of Ten Thousand Dollars (\$10,000.00) per school year.

E. By September 15 of each school year, all statewide alternative education funds received and expended for students participating in an alternative education program shall be reported to the State Department of Education by major object codes and by program classifications pursuant to the Oklahoma Cost Accounting System as adopted by the State Board of Education pursuant to Section 5-135 of this title.

F. Elementary school districts, as defined in Section 5-103 of this title, may request a waiver from the State Board of Education from the requirements of this section to implement and provide an alternative education program. Any elementary school district that has not received funding pursuant to the provisions of subsection D of this section shall be automatically granted a waiver. If a school district is granted a waiver, no statewide alternative education funding shall be allocated to the district.

G. 1. The State Board of Education shall contract for technical assistance for operation of an Alternative Education Technical Assistance Center. The technical assistance provider shall be an entity located in Oklahoma that has been officially recognized by the United States Department of Education to assess and facilitate dissemination of validated educational programs in Oklahoma. The technical assistance provider shall have priority, if its operations are deemed satisfactory by the State Board of Education and if funds are available, for annual renewal of the contract.

2. The duties of the technical assistance provider shall include, but shall not be limited to:
  - a. providing initial and ongoing training of personnel who will educate at-risk populations through alternative education programs,
  - b. providing technical assistance to school districts to enhance the probability of success of their alternative education programs,
  - c. evaluating state-funded alternative education programs,
  - d. reporting to the State Board of Education the evaluation results of state-funded alternative education programs, and
  - e. providing in-depth program analysis and evaluation of state-funded alternative education programs.

3. The State Board of Education shall not provide funding to an alternative education program that does not receive a recommendation for continued funding in the evaluation provided for in this subsection. Provided, any school district not receiving such a recommendation for continued funding may request a hearing before the Board with a review of the evaluation prior to the Board's final determination.

H. All alternative education programs shall be subject to statutes and rules applicable to alternative education, including any exemptions from statutory or regulatory requirements authorized by statutes or rule.

I. An alternative education program may be offered by an individual school district or may be offered jointly by school districts that have formed interlocal cooperative agreements pursuant to Section 5-117b of this title. Any school district submitting a plan for an alternative education program serving fewer than ten students shall enter into a cooperative agreement with another school district to jointly provide the program unless the program has been granted a waiver from this requirement by the State Board of Education.

J. Any materials or equipment purchased by a school district with revenue received for students participating in an alternative education program shall be used only in or directly for the alternative education program offered by the district or any subsequent alternative education program offered to students enrolled in that district. Such materials and equipment shall be made available exclusively to alternative education students during the hours that the alternative education program is operating; provided, the material or equipment may be used for other purposes when the alternative education program is not operating.

K. Upon implementation of this subsection as provided for in subsection M of this section and contingent upon the provision of appropriated funds designated for such purpose, all school districts in the state providing alternative education programs as required in subsection B of this section shall expand the programs to include middle-school-grade students. The program shall conform to the requirements of subsection B of this section.

L. Upon implementation of this subsection as provided for in subsection M of this section and contingent upon the provision of appropriated funds designated for such purpose, each urban school district identified by the State Department of Education as having a high population of elementary grade students who are at-risk and in need of alternative education shall provide elementary level alternative education programs. The State Department of Education shall establish requirements for the programs. For purposes of this section, "urban school district" means a school district with an average daily membership of thirty thousand (30,000) or more.

M. Implementation of subsections K and L of this section shall be delayed until the current expenditure per pupil in average daily attendance in public elementary and secondary schools in unadjusted dollars for the 1998-99 school year or any school year thereafter for Oklahoma, as reported by the National Center for Education Statistics annually in the Digest of Education Statistics, reaches at least ninety percent (90%) of the regional average expenditure for that same year, and funds are provided. For purposes of this subsection, the regional average expenditure shall consist of the current expenditure per pupil in average daily attendance in public elementary and secondary schools in unadjusted dollars for each of the following states: Arkansas, Colorado, Kansas, Missouri, New Mexico, Oklahoma, and Texas, averaged together. By January 1 of each year, the State Board of Education shall report whether or not the ninety-percent expenditure level has been reached based on information reported annually in the Digest of Education Statistics by the National Center for Education Statistics. Subsections K and L of this section shall be implemented on July 1 after the first January 1 report verifies that the ninety-percent expenditure level has been reached and funds have been provided for the specific purposes of this section.

(70-1210.568)

**LEGEND**

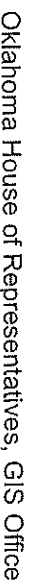
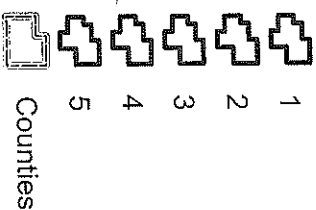
**Congressional Districts**

1  
2  
3  
4  
5

Counties

The map displays the following counties and their corresponding Congressional Districts:

- District 1:** Cimarron, Texas, Beaver, Harper, Woods, Alfalfa, Grant, Kay, Osage, Washington, Nowata, Craig, Ottawa, Delaware, Cherokee, Adair, Sequoyah, Muskogee, McIntosh, Haskell, Le Flore, Latimer, Pushmataha, Atoka, Coal, Portotoc, Seminole, Pottawatomie, Oklahoma, Cleveland, McClain, Garvin, Murray, Johnston, Marshall, Bryan, Choctaw, and McCurtain.
- District 2:** Harmon, Greer, Kowa, Comanche, Stephens, Jefferson, Carter, Love, and Bryan.
- District 3:** Ellis, Woodward, Major, Garfield, Noble, Pawnee, Payne, Lincoln, Logan, Canadian, Blaine, Kingfisher, Dewey, Custer, Beckham, Washita, Caddo, Grady, and McClain.
- District 4:** Harmon, Greer, Kowa, Comanche, Stephens, Jefferson, Carter, Love, and Bryan.
- District 5:** Harmon, Greer, Kowa, Comanche, Stephens, Jefferson, Carter, Love, and Bryan.



# SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION

for 20 24 - 20 27 school year

Caddo

COUNTY

Lookeba- Sickles

SCHOOL DISTRICT

10108 County Road 1150

SCHOOL DISTRICT MAILING ADDRESS

Lookeba

CITY

73053

ZIP CODE

Lookeba- Sickles HS

NAME OF SITE

*Charles Bunker*

PRINCIPAL SIGNATURE\*

08/22/2024

DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

Bart Stover

SUPERINTENDENT NAME (PLEASE PRINT)

b.stover@lookeba.k12.ok.us

SUPERINTENDENT E-MAIL ADDRESS

*Bart Stover*

SUPERINTENDENT SIGNATURE\*

08/22/2024

DATE

I hereby certify that this waiver/derogulation application was approved by our local board of education at the meeting on July 17, 20 24

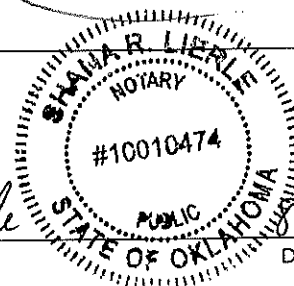
*[Signature]*

BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

*Shana R. Lierle*

NOTARY



8/22/2024

DATE

December 17, 2026

COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived: 70 OS 1210 568  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

THE WAIVER/DEREGULATION I REQUESTED FOR:

       One Year Only

☒ Three Years\*

SDE USE ONLY

PROJECT YEARS

3 of 3

ENROLLMENT

       High School

       Jr./Middle High

       Elementary

       District Total

RECEIVED SEP 06 2024

DATE RECEIVED

70 O.S. 1210-568

OAC       

COOP Agreement

NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

We used to co-op with Hinton and they no longer offer the program. We have 0 students that would be in the alternative program.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement. Our graduation rate is 100%. The only time we have recieved a drop out is due to students returning back to a different country. Our students have been sucessful in a normal education setting. We also are partnered with a career tech.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district. Two years ago our district was part of a Co-op with Hinton schools.

D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation?  
If positive please describe where the available would be reallocated.  
Our school does not have the extra funds to hire an alternative education teacher when we have 0 students that need it.

F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.  
TLE, ACT, graduation rates, school report cards, and teacher referrals are all parts of methods used in our evaluation process.

\*\* You will be contacted if more information is needed to process this request.



**2024-2025**

|  |  |        |        |        |        |        |        |
|--|--|--------|--------|--------|--------|--------|--------|
|  |  | Online | Online | Online | Online | Online | Online |
|--|--|--------|--------|--------|--------|--------|--------|

# SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION

for 20 24 – 20 25 school year

Choctaw

COUNTY

Hugo

SCHOOL DISTRICT

1603 E. Kirk st.

SCHOOL DISTRICT MAILING ADDRESS

Hugo

CITY

74743

ZIP CODE

Hugo High School

NAME OF SITE

Sammy Drinkard

Digitally signed by Sammy

Drinkard

Date: 2024.09.06 12:51:01 -05'00'

09/06/2024

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

Brandy Blalock

SUPERINTENDENT NAME (PLEASE PRINT)

bblalock@hugoschools.com

SUPERINTENDENT E-MAIL ADDRESS

SUPERINTENDENT SIGNATURE\*

DATE

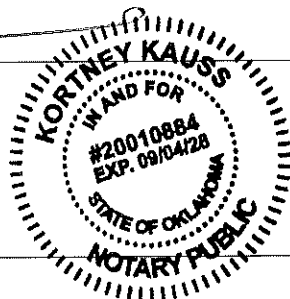
I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on 9/9, 20 24

BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

NOTARY

COMMISSION EXPIRATION DATE



DATE

Statute/Oklahoma Administrative Code to be Waived:

(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

## THE WAIVER/DEREGULATION IS REQUESTED FOR:

One Year Only

Three Years\*

\*Please see instruction page for additional requirements for a three year request

## SDE USE ONLY

PROJECT YEARS

2 of 2

### ENROLLMENT

High School

Jr./Middle High

Elementary

District Total

RECEIVED OCT 01 2024

DATE RECEIVED

70 O.S. 1210.568

OAC

NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to coop with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

At this time we don't have ten students enrolled in the program, we have four.  
Usually we end up with approximately 15.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.

N/A

- C. Have you participated in an alternative education coop previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.

N/A

D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

N/A

E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation?  
If positive please describe where the available would be reallocated.

N/A

F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

TLE and ACT

\*\* You will be contacted if more information is needed to process this request.

# Hugo Public Schools

Mrs. Brandy Blalock, Superintendent



September 9, 2024

Oklahoma Department of Education  
2500 N. Lincoln Blvd.  
Oklahoma City, OK 73105-4599

Re: Waiver/Deregulation Application

Dear Superintendent Walters and State Board of Education;

Please consider this a formal request for a statutory waiver/deregulation to allow for less than ten enrolled students in the HPS Alternative Education Program. The program typically enrolls fifteen or more students; however, we have not reached that number at this time.

If you need any other information, please feel free to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Brandy Blalock". The signature is fluid and cursive, with a long horizontal line extending to the right.

Brandy Blalock  
Superintendent  
Hugo Public Schools  
(580) 326-6483

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 – 20 25 school year**

Comanche COUNTY Bishop Public School SCHOOL DISTRICT

2204 SW Bishop road SCHOOL DISTRICT MAILING ADDRESS Lawton CITY 73505 ZIP CODE

Bishop Public School NAME OF SITE

76076 PRINCIPAL SIGNATURE\* 10/01/2024 DATE

PRINCIPAL SIGNATURE\* DATE

PRINCIPAL SIGNATURE\* DATE

Howard Hampton SUPERINTENDENT NAME (PLEASE PRINT)

hamptonh@gobps.org SUPERINTENDENT E-MAIL ADDRESS

76076 SUPERINTENDENT SIGNATURE\* 10/01/2024 DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on October 3, 20 24

Dea Seel BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL. →

Cynthia A. Pennington NOTARY 10/1/2024 DATE  
8-19-2026 COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived: 70 O.S. § 1210.5  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

**THE WAIVER/DEREGUALTION IS REQUESTED FOR:**

One Year Only

☒ Three Years\*

\*Please see instruction page for additional requirements for a three year request

**SDE USE ONLY**

PROJECT YEARS  
3 of 3

**ENROLLMENT**

☐ High School  
☐ Jr./Middle High  
☐ Elementary  
☐ District Total

**RECEIVED OCT 01 2024**

DATE RECEIVED

70 O.S. 1210.548

OAC

Coop Agreement  
NAME OF WAIVER

A. Reason for the waiver/deregulation request (be specific).

Bishop Alternative Education Program has less than 10 students.

B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students and learning achievement.

Bishop Public School would serve 7th Grade students in the alternative education program. Jeanie peters who is our school counselor will serve as our alternative education program teacher and will utilize the Bright Thinker Software. This will allow students to have additional time spent on enrichment programs.

C. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation.

None at this time.

\*\* You will be contacted if more information is needed to process this request.

D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.  
Bishop Public School's Daily calendar is attached

E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation?  
If positive please describe where the available would be reallocated.  
This deregulation will have a positive impact on our district and will allow us to serve our at-risk students without cooperating with another district.

F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.  
Bishop Public will be using TLE for staff. Bishop public School will keep up-to-date records indicating whether each student is making sufficient progress by using software such as accelerated reader, Star, Study Island, lexia, and benchmarks.

\*\* You will be contacted if more information is needed to process this request.



**DRAFT**

PRE-K, K, 1ST, &amp; 2ND

## 2024-2025 DAILY SCHEDULE

| Pre-K Schedule 2024-2025 |           |                             |  |                           |           |                  |   |         |                   |
|--------------------------|-----------|-----------------------------|--|---------------------------|-----------|------------------|---|---------|-------------------|
| TEACHER                  | 7:40-8:00 | 1st Period<br>8:00-11:30    |  |                           | DISMISSAL |                  |   |         |                   |
| SUBJECT                  |           |                             |  |                           |           |                  |   |         |                   |
| ADAMS PKA                | BREAKFAST | Specials/Plan @ 8:00-8:45   | ELA (Whole Group, Small Group & Centers) | Recess: 10:05-10:50       | Math      | Rest 12:00-12:45 | MATH (Whole Group, Small Group & Centers) | DAYCARE | STUDENT DISMISSAL |
| WEST PKB                 |           | Specials/Plan @ 8:00-8:45   | ELA (Whole Group, Small Group & Centers) | Pre-K Lunch 10:45 - 11:15 | Math      | Rest 12:00-12:45 | MATH (Whole Group, Small Group & Centers) |         |                   |
| MCELROY PKC              |           | Specials/Plan @ 8:00-8:45   | ELA (Whole Group, Small Group & Centers) |                           | Math      | Rest 12:00-12:45 | MATH (Whole Group, Small Group & Centers) |         |                   |
| ELA/Math/SS/ Science     |           |                             |  |                           | Math      |                  |   |         |                   |
| Griffin PKD              |           | Specials/Plan @ 8:00 - 8:45 | ELA (Whole Group, Small Group & Centers) |                           | Math      |                  |   |         |                   |

| K, 1st and 2nd Grade Schedule 2024-2025 |           |  |                           |  |                           |   |   |                          |  |
|---|-----------|--|---------------------------|--|---------------------------|---|---|--------------------------|--|
| TEACHER                                 | 7:40-8:00 | 1st Period                               |                           |  |                           | DISMISSAL                                 |   |                          |  |
| SUBJECT                                 | 8:00      | 8:00-11:30                               |                           |  |                           | 2:50 3:00 3:05 3:15 3:25                  |   |                          |  |
| LANDERS KA                              |           | ELA (Whole Group, Small Group & Centers) | Recess 9:30-9:45          | ELA (Whole Group, Small Group & Centers) | K LUNCH @ 10:45 - 11:15   | Specials/Plan @ 1:00-1:45                 |   | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (Whole Group, Small Group & Centers) | Recess 9:30-9:45          | ELA (Whole Group, Small Group & Centers) |                           | Specials/Plan @ 1:00-1:45                 |   | Science & Social Studies |  |
| LITCHFORD KB                            |           | ELA (Whole Group, Small Group & Centers) | Recess 9:30-9:45          | ELA (Whole Group, Small Group & Centers) |                           | Specials/Plan @ 1:00-1:45                 |   | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (Whole Group, Small Group & Centers) | Recess 9:30-9:45          | ELA (Whole Group, Small Group & Centers) |                           | Specials/Plan @ 1:00-1:45                 |   | Science & Social Studies |  |
| RUSSO. KC                               |           | ELA (Whole Group, Small Group & Centers) | Recess 9:30-9:45          | ELA (Whole Group, Small Group & Centers) |                           | Specials/Plan @ 1:00-1:45                 |   | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (Whole Group, Small Group & Centers) | Recess 9:30-9:45          | ELA (Whole Group, Small Group & Centers) |                           | Specials/Plan @ 1:00-1:45                 |   | Science & Social Studies |  |
| GRAY 1A                                 |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| HATHORN 1B                              |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| KIDBLE 1C                               |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| SMITH 1D                                |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          |                           | Specials/ Plan @ 9:40-10:25              | ELA                       | MATH                                      | MATH (Whole Group, Small Group & Centers) | Science & Social Studies |  |
| GABLE 2A                                |           | ELA (WHOLE GROUP & SMALL GROUP)          | Specials/Plan @ 8:50-9:35 | ELA (WHOLE GROUP & SMALL GROUP)          | 2ND LUNCH @ 10:50 - 11:20 | MATH (Whole Group, Small Group & Centers) | Recess 1:45-1:50-1:55-1:45                | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          | Specials/Plan @ 8:50-9:35 | ELA (WHOLE GROUP & SMALL GROUP)          |                           | MATH (Whole Group, Small Group & Centers) | Recess 1:45-1:50-1:55-1:45                | Science & Social Studies |  |
| ROWLAND 2B                              |           | ELA (WHOLE GROUP & SMALL GROUP)          | Specials/Plan @ 8:50-9:35 | ELA (WHOLE GROUP & SMALL GROUP)          |                           | MATH (Whole Group, Small Group & Centers) | Recess 1:45-1:50-1:55-1:45                | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          | Specials/Plan @ 8:50-9:35 | ELA (WHOLE GROUP & SMALL GROUP)          |                           | MATH (Whole Group, Small Group & Centers) | Recess 1:45-1:50-1:55-1:45                | Science & Social Studies |  |
| LANGFORD 2C                             |           | ELA (WHOLE GROUP & SMALL GROUP)          | Specials/Plan @ 8:50-9:35 | ELA (WHOLE GROUP & SMALL GROUP)          |                           | MATH (Whole Group, Small Group & Centers) | Recess 1:45-1:50-1:55-1:45                | Science & Social Studies |  |
| ELA/Math/SS/ Science                    |           | ELA (WHOLE GROUP & SMALL GROUP)          | Specials/Plan @ 8:50-9:35 | ELA (WHOLE GROUP & SMALL GROUP)          |                           | MATH (Whole Group, Small Group & Centers) | Recess 1:45-1:50-1:55-1:45                | Science & Social Studies |  |
| MAVS                                    |           | LIFE SKILLS / RESOURCE                   |                           |  |                           | LUNCH @ 10:45 - 11:15                     |   |                          |  |
| LEARNING LAB                            |           |  |                           |  |                           |   |   |                          |  |

DRAFT

**BISHOP PUBLIC SCHOOL**  
3RD, 4TH & 5TH

**2024-2025 DAILY SCHEDULE**

DRAFT

**3rd, 4th & 5th Grade Schedule 2024-2025**

| TEACHER                            | 1ST PERIOD |  |  |  | 2ND PERIOD |  |  |  | DISMISSAL |           |           |           |
|------------------------------------|------------|--|--|--|------------|--|--|--|-----------|-----------|-----------|-----------|
|                                    | 7:40-8:00  | 8:00-11:30                                   |  |  |            | 11:30-3:00                                   |  |  |           | 2:50-3:00 | 3:00-3:05 | 3:15-3:25 |
| <b>SUBJECT</b>                     |            | <b>3A</b>                                    |  |  |            | <b>4A</b>                                    |  |  |           |           |           |           |
| DURGIN 3A                          |            | ELA Whole Group/Small Group & SS             |  |  |            | ELA Whole Group/Small Group & SS             |  |  |           |           |           |           |
| ELA Reading/Writing /SS            |            | 3B   |  |  |            | 3B   |  |  |           |           |           |           |
| LOVING 3B                          |            | 3C   |  |  |            | 3C   |  |  |           |           |           |           |
| ELA Reading/ Writing /SS           |            | 3C   |  |  |            | 3C   |  |  |           |           |           |           |
| MELTON 3C                          |            | ELA Whole Group/Small Group & SS             |  |  |            | ELA Whole Group/Small Group & SS             |  |  |           |           |           |           |
| ELA Reading/ Writing /SS           |            | 4A   |  |  |            | 4A   |  |  |           |           |           |           |
| DANIEL 4A                          |            | 4A   |  |  |            | 4A   |  |  |           |           |           |           |
| ELA/Math/Number Sense/Science/STEM |            | Math / Science                               |  |  |            | Math Whole Group/Small Group & Science /STEM |  |  |           |           |           |           |
| DALTON 4B                          |            | 4B   |  |  |            | 4B   |  |  |           |           |           |           |
| Math/Number Sense /Science/STEM    |            | Math / Science                               |  |  |            | Math Whole Group/Small Group & Science /STEM |  |  |           |           |           |           |
| ROSS 4C                            |            | 4C   |  |  |            | 4C   |  |  |           |           |           |           |
| Math/Number Sense /Science/STEM    |            | Math / Science                               |  |  |            | Math Whole Group/Small Group & Science /STEM |  |  |           |           |           |           |
| MCCOY 5A                           |            | 5A   |  |  |            | 5A   |  |  |           |           |           |           |
| ELA/Math/Number Sense/Science/STEM |            | ELA Whole Group/Small Group & Social Studies |  |  |            | Math Whole Group/Small Group & Science /STEM |  |  |           |           |           |           |
| PENROD 5B                          |            | 5B   |  |  |            | 5B   |  |  |           |           |           |           |
| ELA Reading/ Writing /SS           |            | ELA Whole Group/Small Group & Social Studies |  |  |            | ELA Whole Group/Small Group & Social Studies |  |  |           |           |           |           |
| MURRAH 5C                          |            | 5C   |  |  |            | 5C   |  |  |           |           |           |           |
| Math/Number Sense /Science/STEM    |            | Math Whole Group/Small Group & Science/STEM  |  |  |            | Math Whole Group/Small Group & Science/STEM  |  |  |           |           |           |           |
| C.MAYS                             |            | LIFE SKILLS / RESOURCE                       |  |  |            | 21ST CCLC                                    |  |  |           |           |           |           |
| LEARNING LAB                       |            | LUNCH @ 10:45 - 11:15                        |  |  |            | 4TH / 5TH RESOURCE @ 12:15 - 3:00            |  |  |           |           |           |           |
| H.SMITH                            |            | PLAN @ 8:00 - 8:45                           |  |  |            | 6TH / 7TH RESOURCE @ 8:45 - 11:45            |  |  |           |           |           |           |

**BREAKFAST**

**STUDENT DISMISSAL**

**PARENT PICKUP**

**BUSES**

**DAYCARE**

**STAFF DISMISSAL**

**BISHOP PUBLIC SCHOOL**  
**6TH / 7TH GRADE**

### 6th and 7th Daily Schedule

[illegible]

# ***Bishop Public School***

2204 S.W. Bishop Road  
Lawton, Oklahoma 73505

(580) 353-4870

**TO:** April Barr, Accreditation Standards Division

**FROM:** Howard Hampton, Superintendent

**SUBJECT:** Alternative Education Waiver

**DATE:** October 1, 2024

Bishop Public School District is requesting a deregulation of 70 O.S. 1210.568  
Alternative Education Program for less than ten (10) students.


The application for the deregulation is attached. If additional information is needed  
please contact me at Ext. 401.

  
Howard Hampton, Superintendent

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 - 20 25 school year**

|                                 |                 |          |
|---------------------------------|-----------------|----------|
| Delaware                        | Leach           |          |
| COUNTY                          | SCHOOL DISTRICT |          |
| 55979 S. 530 Road               | Rose            | 74364    |
| SCHOOL DISTRICT MAILING ADDRESS | CITY            | ZIP CODE |

Leach School  
NAME OF SITE

|   |            |
|---|------------|
|  | 09/09/2024 |
| PRINCIPAL SIGNATURE*  | DATE       |

|                      |      |
|----------------------|------|
| PRINCIPAL SIGNATURE* | DATE |
|----------------------|------|

|                      |      |
|----------------------|------|
| PRINCIPAL SIGNATURE* | DATE |
|----------------------|------|

Jimmy Reynolds

SUPERINTENDENT NAME (PLEASE PRINT)

jreynolds@leachschool.net

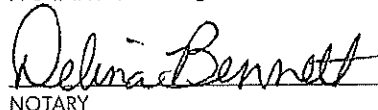
SUPERINTENDENT E-MAIL ADDRESS

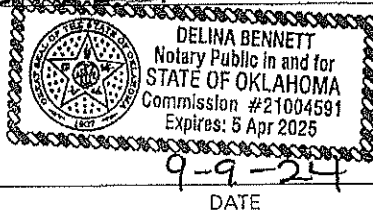
|   |            |
|---|------------|
|  | 09/09/2024 |
| SUPERINTENDENT SIGNATURE*   | DATE       |

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on September 9, 20 24

|   |  |
|---|--|
|  |  |
| BOARD PRESIDENT SIGNATURE*  |  |

NOTARY SEAL →

  
NOTARY



4-5-25  
COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived:  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

THE WAIVER/DEREGULATION IS  
REQUESTED FOR:

\_\_\_\_\_ One Year Only

☒ Three Years\*

**SDE USE ONLY**

PROJECT YEARS  
2 of 2

**ENROLLMENT**

|       |                 |
|-------|-----------------|
| _____ | High School     |
| _____ | Jr./Middle High |
| _____ | Elementary      |
| _____ | District Total  |

RECEIVED OCT 01 2024  
DATE RECEIVED

70 O.S. 1210.568

OAC \_\_\_\_\_

  
NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

To my knowledge we have never sent a student to the alternative coop, or has a need to have a student attend one on our campus. All students will benefit by our time and effort being directed at every student on campus.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.

Leach School monitors all students on campus daily for behavior, home and emotional situations that could lead to student becoming in danger or not reaching graduation. We monitor education readiness with STAR Reading and Math on a monthly basis. These tools combined allow us to intervene at an early state mitigating the need for an alternative program.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.

We have had a program that we could attend either on campus or through coop from the start of the program but to my knowledge we have not used it. We have found the program at our PK-8 school to not provide a benefit to equal the cost.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

Leach School has not had a program and all support mechanisms put in place will continue.

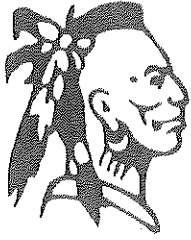
- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

Leach School would have to restrict some other programs to put an alternative program into use. We do not and have not received funds for this program.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

N/A

\*\* You will be contacted if more information is needed to process this request.



# Leach Public School

55979 S. 530 Rd.  
Rose, OK 74364  
918-868-2277  
918-868-3501

Jimmy Reynolds  
Superintendent

## Board of Education

Corrie Drake  
Robert Miller  
Marty Gisler

09/09/2024

Leach School is requesting an Alternative Education Waiver because we are a PK-8<sup>th</sup> school and do not utilize an Alternative Education Program. Leach School does not receive any type of funding for Alt Ed.

Jimmy Reynolds  
Superintendent  
Leach Public School



**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 - 20 25 school year**

39 Latimer COUNTY 1003 SCHOOL DISTRICT

4384 SE Hwy 63 SCHOOL DISTRICT MAILING ADDRESS Talihina CITY 74571 ZIP CODE

Buffalo Valley High School NAME OF SITE

A Pate PRINCIPAL SIGNATURE\* 08/22/2024 DATE

S Pate PRINCIPAL SIGNATURE\* 08/22/2024 DATE

PRINCIPAL SIGNATURE\* DATE

Lyndon Howze SUPERINTENDENT NAME (PLEASE PRINT)

lhowze@bvpsd.org SUPERINTENDENT E-MAIL ADDRESS

L Howze SUPERINTENDENT SIGNATURE\* 08/22/2024 DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on September 9th, 20 24

T J Hunter BOARD PRESIDENT SIGNATURE

NOTARY SEAL → Tammy J Hunter NOTARY 9/9/24 DATE

02/05/2028 COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived: 70 O.S. § 1210.5  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

THE WAIVER/DEREGULATION IS REQUESTED FOR:

One Year Only

Three Years\*

**SDE USE ONLY**

PROJECT YEARS  
3 of 3

**ENROLLMENT**

High School  
Jr./Middle High  
Elementary  
District Total

**RECEIVED OCT 01 2024**  
DATE RECEIVED

70 O.S. 1210.568

OAC \_\_\_\_\_

Coop Agreement  
NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

Closest possible district to coop with is Clayton ISD which is 10 miles from our district. We currently serve our student in need of credit recovery with virtual learning or onsite learning. We currently have no students benefiting from Alt Ed designation.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.

Our alternative options are on-site and/or virtual through Edgenuity (currently) but we are considering Edmentum. Our students are all currently virtual, but on-site is an option. On-site and virtual Alt Ed. students have the same access to all services of regular education students.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.

Buffalo Valley has been a part of a coop with Clayton in past years. We did receive a waiver last year. We were able to serve our students without any interruption to their learning.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

Currently serving Alt Ed students as virtual with regular scheduled school day.

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

Should our Alt Ed funding be kept in house it would be applied to an online curriculum to facilitate our Alternative Education.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

We currently use all of the presented assessments for our regular education program. Alternative would fall under the same assessments and evaluations. Our expectations for Alt Ed. will only differ in presentation.

\*\* You will be contacted if more information is needed to process this request.



Buffalo Valley School  
4384 SE HWY 63  
Talihina, OK 74571  
(918) 942-9225



Superintendent: Lyndon Howze

---

8/22/24

Buffalo Valley High School is requesting a Statutory Waiver 70 O.S. 1210.568 COOP Agreement to be able to serve less than 10 students in our Alternative Education program for the 2024-25 school year. We have previously served these students through an Alternative Education COOP with Clayton School. Without the COOP, the waiver is needed to continue serving our students in need of the benefits of an alternative education program. Thank you for your consideration.

Sincerely,

Lyndon Howze  
Superintendent  
Buffalo Valley Public School  
(918) 522-4426  
[lhowze@bvpsd.org](mailto:lhowze@bvpsd.org)

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 – 20 27 school year**

Leflore COUNTY Shady Point SCHOOL DISTRICT

22838 Wheelus SCHOOL DISTRICT MAILING ADDRESS Shady Point CITY 74956 ZIP CODE

Shady Point Elementary NAME OF SITE

[Signature] PRINCIPAL SIGNATURE\* 06/12/2024 DATE

PRINCIPAL SIGNATURE\* DATE

PRINCIPAL SIGNATURE\* DATE

Bruce Gillham SUPERINTENDENT NAME (PLEASE PRINT)

bruce.gillham@spk12.org SUPERINTENDENT E-MAIL ADDRESS

[Signature] SUPERINTENDENT SIGNATURE\* 06/12/2024 DATE

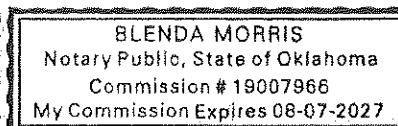
I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on June 12, 20 24

[Signature] BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

Blenda Morris NOTARY 06/12/2024 DATE

08-07-2027 COMMISSION EXPIRATION DATE



Statute/Oklahoma Administrative Code to be waived:  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

**THE WAIVER/DEREGULATION IS REQUESTED FOR:**

       One Year Only  
☒        Three Years\*

\*Please see instruction page for additional requirements for a three year request

**SDE USE ONLY**

PROJECT YEARS  
3 of 3

**ENROLLMENT**

       High School  
       Jr./Middle High  
       Elementary

District Total  
**RECEIVED OCT 01 2024**

DATE RECEIVED

70 O.S. 1210.568

OAC                     

Coop Agreement  
NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to coop with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

Currently no students qualify for alternative education. In addition, no students have qualified in the last 12 years for alternative education. We are a dependent school district with 170 students in an average class size of 14. Due to our size, it is unlikely that we would ever have 10 students qualify for alternative education. This waiver will allow us to make plans to address the need for an alternative education program on a case-by-case basis. . If we enter into a cooperative agreement with a neighboring school district for alternative education services we feel we will lose the ability to meet the individual needs of our students.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement. Our district will address the individual needs of a student who enters the alternative education program and meet those needs on a case by case basis.

- C. Have you participated in an alternative education coop previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district. This is the first time we have requested this statutory waiver. We do not expect any impact to the district by this waiver since we currently have no students in alternative education. We are a single site school district so this waiver will only affect one site.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

There is no timeline currently in place. A timeline will be created should I still don't qualify for alternative education.

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

Since we do not receive any alternative education funds nor do we have any students in alternative education this statutory waiver will have no financial impact on the district.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

Any assessment of alternative educational programs will be done as necessary to ensure compliance with state regulations and the learning objectives of the individual student. We will use local formative assessments as well as state mandated tests to determine whether the student is receiving appropriate instruction.

\*\* You will be contacted if more information is needed to process this request.

# SHADY POINT PUBLIC SCHOOLS

## ADMINISTRATION

BRUCE GILLHAM  
SUPERINTENDENT

MARK WILLIAMS  
PRINCIPAL



## BOARD MEMBERS

DEREK WOODRAL, PRESIDENT  
ROBERT WRIGHT, VICE PRESIDENT  
BRENDA HOPKINS, CLERK

22838 WHEELUS ST., SHADY POINT OK 74956  
PHONE 918-963-2595 FAX 918-963-2605

### Agenda

*As required by Section 311, Title 25 of the Oklahoma Statutes, notice is hereby given that the Board of Education of Elementary School District No. 4, LeFlore County, Oklahoma, will hold a*

### Special Meeting

on the 12th day of June 2024, at 6:00 o'clock p.m.,

in the Dan Smith Saferoom

*Shady Point Public Schools, 22838 Wheelus Street, Shady Point, Oklahoma.*

1. Call the meeting to order @ \_\_\_\_\_ Take roll of members present:
- a. Roll of members present:  
President \_\_\_\_\_ Vice-President \_\_\_\_\_ Clerk \_\_\_\_\_
  - b. Pledge of Allegiance
  - c. Moment of Silence
2. Consent Agenda: All the following, which concern reports and items of a routine nature normally approved at board meetings will be approved by one vote unless any board member desires to have a separate vote on any or all those items. The consent agenda consists of the discussion, consideration, and approval of the following items:
- a. Minutes of the May 20<sup>th</sup> regular meeting
  - b. Financial Reports
  - c. Encumbrances/Warrants
  - d. Payroll Encumbrances
  - e. Superintendent's Report.
3. Discuss ongoing construction.
- a. Fencing Quote to "The Fence Man" \$35,360.61
  - b. Playground to ? \$50,000.00
4. Discuss and possible action on SRO's use of school vehicle to and from work

*This agenda was posted on the door of the main building 12:00 PM, June 7, 2024 by Bruce Gillham, Superintendent.*



## NEW YEAR

5. Discuss and possible action on naming Bruce Gillham as purchasing agent for Shady Point Dependent School District, Authorized Representative for all federal programs including E-Rate, Child Nutrition, and designated custodian for the general, building, bond, activity, and sinking funds; To also include all federal and state programs as well as any other school programs and activities not listed for the 2024-2025 school year.
6. Discuss and possible action on approving leases and lease purchases.
  - a. Lease Purchase with Welch Bank for LED Lights (8 of 8)
  - b. Lease with Community State Bank for 2021 Thomas Bus (1 of 4)

## 2022-2023 CONTRACTS

7. Discuss and possible action on worker's compensation bid from OSAG for 2024-2025 school year.
8. Discuss and possible action on an insurance for the 2024-2025 school year
9. Discuss and possible action on a Resolution with Community State Bank for a \$150,000.00 credit line as needed in the 2024-2025 school year.

## MEMBERSHIPS

10. Discuss and possible board action on membership in the Oklahoma Rural Elementary Association (ORES).
11. Discuss and possible board action on membership in Oklahoma Schools Advisory Council (OSAC).
12. Discuss and possible board action on membership in the Oklahoma State School Boards Association (OSSBA).

## ACCREDITATION REQUIREMENTS

13. Discuss and possible action on approving the use of hours instead of days for the 2024-2025 school year.
14. Discuss and possible action on the 2024-2025 school calendar.
15. Discuss and possible action on statutory waivers for the 2024-2025-2026-2027 school years.
  - a. ~~70 O.S. 1210.568 (Alternative Education Services)~~
  - b. OAC 210:35-7-6 (Library Media Service) Notification Only

## ERATE/UNIVERSAL SERVICE REQUIREMENTS



16. Discuss Child Internet Protection Act for Shady Point Schools

## PERSONNEL

---

17. Proposed executive session for the purpose of discussion of support staff and certified teacher's contracts, extra duty contracts, and/or accepting resignations for 2024-2025 school year pursuant to O.S.25 § 307(B)(1).
  - a. Naming board appointments for Minutes and Encumbrance Clerk, Activity Custodian, and Treasurer.
  - b. Resignations as presented
  - c. Elementary Teaching Position
18. Vote to convene in executive session @ \_\_\_\_\_
19. Vote to return to open session @ \_\_\_\_\_
20. Statement of executive session
21. Discuss and possible action on :
  - a. Accepting resignations as presented
  - b. Hiring Elementary Teaching Position
22. Discuss and possible action on board appointments for the 2024-2025 school year:
  - a. Minutes and Encumbrance Clerk, & Activity Custodian.
  - b. Treasurer
23. Adjournment @ \_\_\_\_\_

Shady Point Board of Education  
Special Board Meeting  
Dan Smith Saferoom  
22838 Wheelus St.  
Shady Point, OK 74956  
June 12<sup>th</sup>, 2024 @ 6:00pm

  
Brenda Hopkins  
  
OVER →

## MINUTES

1. President, Derek Woodral, called the meeting to order at 6:00 p.m.
  - a. Roll call: President, Derek Woodral – Absent; Vice-President, Robert Wright – Present; Clerk, Brenda Hopkins – Present
  - b. Pledge of Allegiance lead by Bruce Gillham
  - c. Prayer by Robert Wright
2. Brenda Hopkins made the motion to approve the consent agenda as presented. Robert Wright seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
3. Robert Wright made the motion to approve the fencing quote and playground quote as presented. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
4. Brenda Hopkins made the motion to approve the SRO's use of school vehicle to and from work. Robert Wright seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
5. Brenda Hopkins made the motion to name Bruce Gillham as purchasing agent for Shady Point Dependent School District, Authorized Representative for all federal programs including E-Rate, Child Nutrition, and Designated Custodian for the general, building, bond, activity, and sinking funds; to also include all federal and state programs as well as any other school programs and activities not listed for the 2024-25 school year. Robert Wright seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
6. Motion was made by Robert Wright to approve leases and lease purchases 6a, and 6b as presented. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
7. Robert Wright made the motion to approve the workers' compensation bid from OSAG for 2024-2025 school year. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
8. Brenda Hopkins made the motion to approve OSIG (insurance) for the 2024-2025 school year. Robert Wright seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
9. Robert Wright made the motion to approve the Resolution with Community State Bank for a \$150,000.00 credit line as needed in the 2024-2025 school year. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
10. Robert Wright made the motion to approve membership into the Oklahoma Rural Elementary Association (ORES). Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
11. Brenda Hopkins made the motion to approve membership into the Oklahoma Schools Advisory Council (OSAC). Robert Wright seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.

12. Robert Wright made the motion to approve membership into the Oklahoma State School Boards Association (OSSBA). Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
13. No Action Taken.
14. Brenda Hopkins made the motion to approve the 2024-25 school calendar as presented. Robert Wright seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
15. Robert Wright made the motion to approve the statutory waivers for the 2024-2025-2026-2027 school years, 15a and 15b. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
16. No Action Taken.
17. As stated in agenda item #17.
18. Robert Wright made the motion to convene in executive session @ 6:42pm. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
19. Robert Wright made the motion to return to open session @ 7:00pm. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
20. Discussed agenda item #17.
21. Robert Wright made the motion to approve the hiring of Angela Anaya as a teacher for the 2024-25 school year as recommended by Bruce Gillham in agenda item 21b. No action was taken for agenda item 21a. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
22. Robert Wright made the motion to approve Lorie Rutledge - Minutes Clerk; Blenda Morris - Encumbrance Clerk; Bruce Gillham, Shelley Johnson, Grant Glenn – Activity Custodian; Angie French – Treasurer. Brenda Hopkins seconded the motion. Roll call vote: Derek Woodral – absent; Robert Wright – yes; Brenda Hopkins – yes.
23. Robert Wright adjourned the meeting @ 7:02pm.

# SHADY POINT PUBLIC SCHOOLS

## ADMINISTRATION

**BRUCE GILLHAM**  
SUPERINTENDENT



## BOARD MEMBERS

DEREK WOODRAL, PRESIDENT  
ROBERT WRIGHT, VICE PRESIDENT  
BRENDA HOPKINS, CLERK

22838 WHEELUS ST., SHADY POINT OK 74956  
PHONE 918-963-2595 FAX 918-963-2605

October 8, 2024

Accreditations/Standards  
2500 N. Lincoln Blvd.  
OKC, OK 73105-4599

**RE: Statutory Waiver for Serving Less than 10 Alternative Education Students**

To Whom it May Concern:

Shady Point Public Schools is requesting a statutory waiver for 70 O.S. § 1210.568 for the 2024-25 through the 2026-27 school years.

We are requesting a statutory waiver to have an alternative education program that serves fewer than 10 students. We currently do not have any students, nor have we had any students who qualify for alternative education in the past 12 years. This waiver will allow us to develop a plan to handle the need should it arise.

Due to our district's size, it is unlikely that we would ever have the minimum number of students necessary for our own program. It is likely that, should we have the need, a customized solution would be necessary to meet the needs of our students. This case-by-case planning would not be available in neighboring district via a cooperative agreement.

Thank you for your consideration in this matter. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'B. Gillham', written over a horizontal line.

Bruce Gillham  
Superintendent  
Shady Point Schools

Enclosed: Deregulation Application.  
Board Minutes

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 25 - 20 27 school year**

McCurtain \_\_\_\_\_ Eagletown \_\_\_\_\_  
COUNTY SCHOOL DISTRICT

P.O. Box 38 \_\_\_\_\_ Eagletown \_\_\_\_\_ 74734  
SCHOOL DISTRICT MAILING ADDRESS CITY ZIP CODE

Eagletown High School & Middle School \_\_\_\_\_  
NAME OF SITE

[Signature] \_\_\_\_\_ 9/9/24 \_\_\_\_\_  
PRINCIPAL SIGNATURE\* DATE

\_\_\_\_\_  
PRINCIPAL SIGNATURE\* DATE

\_\_\_\_\_  
PRINCIPAL SIGNATURE\* DATE

Brian Armstrong \_\_\_\_\_  
SUPERINTENDENT NAME (PLEASE PRINT)

barmstrong@eagletownisd.org \_\_\_\_\_  
SUPERINTENDENT E-MAIL ADDRESS

[Signature] \_\_\_\_\_ 9/9/24 \_\_\_\_\_  
SUPERINTENDENT SIGNATURE\* DATE

I hereby certify that this waiver/deregulation application was approved by our  
local board of education at the meeting on September 9 20 24

[Signature] \_\_\_\_\_  
BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

Carlene Reavis \_\_\_\_\_ 9/9/24 \_\_\_\_\_  
NOTARY DATE

5/24/2027 \_\_\_\_\_  
COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived:  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process \*\*

**THE WAIVER/DEREGULATION IS  
REQUESTED FOR:**

\_\_\_\_ One Year Only  
☒ Three Years\*

**SDE USE ONLY**

PROJECT YEARS  
2 of 3

**ENROLLMENT**

☐ High School  
☐ Jr./Middle High  
☐ Elementary  
\_\_\_\_ District Total

**RECEIVED SEP 16 2024**  
DATE RECEIVED

70 O.S. 1210.56B  
OAC \_\_\_\_\_

Coop Agreement  
NAME OF WAIVER

- A. Reason for the Waiver request. Please Include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

Eagletown ISD requests a waiver based on lack of eligible student participation, negative economic impact, and lack of options to co-op with neighboring school sites. The closest district with whom we could co-op with is 15 miles one way (30 miles a day). If our waiver is denied, we will utilize technology and computer programs for qualifying students. One hundred percent of our students will benefit if our waiver is approved.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement. Eagletown ISD will utilize technology and online credit recovery programs to serve any qualifying students. Eagletown ISD has not had a waiver prior to this year so have no previous data to report.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district. Prior years, Broken Bow schools has been our co-op school. Eagletown ISD has not requested a waiver before this school year, therefore, have no prior data.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

N/A

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

A waiver/deregulation will have a positive financial impact on Eagletown ISD. Any monies made available will be used to provide free standardized test prep and online tutoring opportunities to the students.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc. Eagletown schools will use surveys, standardized test scores, graduation rates and school report cards to evaluate the effectiveness of the waiver.

\*\* You will be contacted if more information is needed to process this request.



# EAGLETOWN PUBLIC SCHOOLS



P.O. BOX 38 ◆ 101 SCHOOL STREET ◆ EAGLETOWN, OK 74734

Phone 1-580-835-2242 ◆ Fax 1-580-835-7420

## Administration

Brian Armstrong, Superintendent/es principal  
Jammie Bean, High School Principal

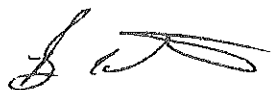
## Board of Education

Michael Laster Paul Lambert  
Jay Griffin Colie Wilkes  
Heather Trevino

---

Eagletown schools has submitted a request for a waiver for an alternative education program for the next three years, starting with the 2024-25 school year. Our request is based upon the fact we have no students eligible to participate in the program this year, nor do we foresee any enrollments, as we have other means to address any credit recovery issues. We have submitted our request by completing the necessary forms with a more thorough explanation explaining, the zero enrollment, cost prohibitive and undue burden placed on our school system, as reasons for requesting this waiver.

Thank you



Brian Armstrong

Superintendent Eagletown Schools

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 - 20 25 school year**

Nowata  
COUNTY

Nowata Public Schools  
SCHOOL DISTRICT

707 W Osage Ave  
SCHOOL DISTRICT MAILING ADDRESS

Nowata  
CITY

74048  
ZIP CODE

Nowata High School  
NAME OF SITE

Dorinda Hewitt  
PRINCIPAL SIGNATURE\*

9/18/24  
DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

Tim Simpson

SUPERINTENDENT NAME (PLEASE PRINT)

tsimpson@npsok.org

SUPERINTENDENT E-MAIL ADDRESS

[Signature]  
SUPERINTENDENT SIGNATURE\*

Sep 18, 2024  
DATE

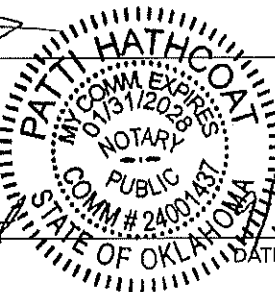
I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on September 25, 2024

[Signature]  
BOARD PRESIDENT SIGNATURE

NOTARY SEAL →

Patti Hathcoat  
NOTARY

11/31/2028  
COMMISSION EXPIRATION DATE



9/30/2024  
DATE

Statute/Oklahoma Administrative Code to be Waived: 70 O.S. § 1210.568  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

**THE WAIVER/DEREGULATION IS REQUESTED FOR:**

       One Year Only

  X   Three Years\*

\*Please see instruction page for additional requirements for a three year request

**SDE USE ONLY**

PROJECT YEARS  
  3   of   3  

**ENROLLMENT**

  X   High School  
  X   Jr./Middle High  
  X   Elementary  
       District Total

**RECEIVED OCT 01 2024**

DATE RECEIVED

70 O.S. 1210.568

OAC                     

Coop Agreement  
NAME OF WAIVER

# Nowata Public Schools



---

September 18, 2024

RE: Alt Ed Statutory Waiver Request

Nowata Public Schools is requesting a statutory waiver for its Alternative Education program for the 2024-2025 school year. This year we only have eight qualifying students, and there is not a known alt ed coop program within at least a 40 mile radius of our school district.

We would like to continue to offer our alternative education program to our qualifying students in order to provide them with necessary supports they need in order to give them their best chance to graduate and hopefully move forward after graduation in a career. Thank you for your consideration.

Respectfully submitted,

Tim Simpson  
Superintendent

**A. Reason for the Waiver request. Please include distance from your alternative education site at the closest possible district to coop with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved?**

We have a total of eight students who qualify for the alternative education program. There is not an alternative education coop within at least 40 miles of our school district. The closest coop is unknown. We currently have an alt ed program in place, and we wish to continue with that program to serve the needs of our qualifying students. Our alt ed students currently comprise 4% of our high school student enrollment.

**B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.**

Our alt ed plan has been approved by the State Department of Education and is attached to this email.

Our goal is to graduate every one of our students enrolled in our alt ed program, but we also want to take it one step further and ensure that each of our alt ed students is on a pathway towards career-readiness. Our educational partners such as Tri-County Technical School, Grand Lake Behavioral Health Services, Rogers State University, and our local law enforcement agencies all play a vital role with regard to career counseling and support.

**C. Have you participated in an alternative education coop previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.**

We have not participated in a coop in the past, and as far as I know, this is our first time to apply for this waiver.

**D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.**

The following documents are attached:

- Our district calendar
- Our alt ed class schedule
- Our alt ed intake form
- Our SDE approved Alt Ed plan

**E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.**

From a financial standpoint, it might be perceived that granting the waiver and permitting us to continue our alt ed program would have a slight negative financial impact on our district. However, we receive a small allocation of state funds for our program, which helps offset the cost to the district. The positive benefits to our qualifying students more than make up for cost to the district.

**F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.**

Our classroom teacher is evaluated through the TLE process as well as through multiple walk-through observations, which lead to informal yet very constructive conversations revolving around student achievement and student engagement. Regarding the assessment of student success, we use quantifiable data such as graduation rates and course completion. Growth is another way we choose to gauge student success. We have adopted Edgenuity as our courseware platform, and this product allows us to disaggregate course data to give us a picture of academic growth even if a student might not be performing well on a standardized test such as the ACT. We have found that student growth and attendance are ultimately the biggest predictors of student success in our alt ed program. We also use MAPs for benchmark testing and use the data we obtain from these types of standardized tests to help inform our educational decisions for our program along with coursework grades.

**You will be contacted if more information is needed to process this request.**

# Nowata Public Schools 2024-2025 Calendar

| August 2024 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| Su          | M  | Tu | W  | Th | F  | Sa |
|             |    |    |    | 1  | 2  | 3  |
| 4           | 5  | 6  | 7  | 8  | 9  | 10 |
| 11          | 12 | 13 | 14 | 15 | 16 | 17 |
| 18          | 19 | 20 | 21 | 22 | 23 | 24 |
| 25          | 26 | 27 | 28 | 29 | 30 | 31 |

| August |                             |  |  |  |  |  |
|--------|-----------------------------|--|--|--|--|--|
| 8      | New Teacher/Para WS: 9-11am |  |  |  |  |  |
| 12     | Professional Development    |  |  |  |  |  |
| 13     | Teacher Work Day            |  |  |  |  |  |
| 14     | Professional Development    |  |  |  |  |  |
| 15     | First Day of School         |  |  |  |  |  |

12 days taught

| September 2024 |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| Su             | M  | Tu | W  | Th | F  | Sa |
| 1              | 2  | 3  | 4  | 5  | 6  | 7  |
| 8              | 9  | 10 | 11 | 12 | 13 | 14 |
| 15             | 16 | 17 | 18 | 19 | 20 | 21 |
| 22             | 23 | 24 | 25 | 26 | 27 | 28 |
| 29             | 30 |    |    |    |    |    |

| September |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| 2         | Labor Day - No School                  |  |  |  |  |  |
| 9         | Distance Learning Day (Cert. Staff PD) |  |  |  |  |  |
| 23        | Distance Learning Day (Cert. Staff PD) |  |  |  |  |  |

20 days taught

| October 2024 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | M  | Tu | W  | Th | F  | Sa |
|              | 1  | 2  | 3  | 4  | 5  |    |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |

| October |                          |  |  |  |  |  |
|---------|--------------------------|--|--|--|--|--|
| 8       | P/T Conferences          |  |  |  |  |  |
| 10      | P/T Conferences          |  |  |  |  |  |
| 11      | No School                |  |  |  |  |  |
| 15      | End of First Nine Weeks  |  |  |  |  |  |
| 16-18   | Fall Break               |  |  |  |  |  |
| 21      | Professional Development |  |  |  |  |  |

18 days taught

| November 2024 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | M  | Tu | W  | Th | F  | Sa |
|               |    |    |    |    | 1  | 2  |
| 3             | 4  | 5  | 6  | 7  | 8  | 9  |
| 10            | 11 | 12 | 13 | 14 | 15 | 16 |
| 17            | 18 | 19 | 20 | 21 | 22 | 23 |
| 24            | 25 | 26 | 27 | 28 | 29 | 30 |

| November |                    |  |  |  |  |  |
|----------|--------------------|--|--|--|--|--|
| 25-29    | Thanksgiving Break |  |  |  |  |  |

16 days taught

| December 2024 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | M  | Tu | W  | Th | F  | Sa |
| 1             | 2  | 3  | 4  | 5  | 6  | 7  |
| 8             | 9  | 10 | 11 | 12 | 13 | 14 |
| 15            | 16 | 17 | 18 | 19 | 20 | 21 |
| 22            | 23 | 24 | 25 | 26 | 27 | 28 |
| 29            | 30 | 31 |    |    |    |    |

| December |                                    |  |  |  |  |  |
|----------|------------------------------------|--|--|--|--|--|
| 20       | End of Second Qtr (First Semester) |  |  |  |  |  |
| 23-31    | Winter Break                       |  |  |  |  |  |

15 days taught

1st Qtr: Aug 15 - Oct 15 = 42 days taught  
 2nd Qtr: Oct 22 - Dec 20 = 39 days taught  
 3rd Qtr: Jan 6 - Mar 13 = 46 days taught  
 4th Qtr: Mar 24 - May 15 = 38 days taught  
 Total Number of Days Taught = 165

| January 2025 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| Su           | M  | Tu | W  | Th | F  | Sa |
|              |    |    | 1  | 2  | 3  | 4  |
| 5            | 6  | 7  | 8  | 9  | 10 | 11 |
| 12           | 13 | 14 | 15 | 16 | 17 | 18 |
| 19           | 20 | 21 | 22 | 23 | 24 | 25 |
| 26           | 27 | 28 | 29 | 30 | 31 |    |

| January |                                    |  |  |  |  |  |
|---------|------------------------------------|--|--|--|--|--|
| 1-3     | Winter Break                       |  |  |  |  |  |
| 6       | Begin Second Semester              |  |  |  |  |  |
| 20      | Martin Luther King Day - No School |  |  |  |  |  |

19 days taught

| February 2025 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| Su            | M  | Tu | W  | Th | F  | Sa |
|               |    |    |    |    |    | 1  |
| 2             | 3  | 4  | 5  | 6  | 7  | 8  |
| 9             | 10 | 11 | 12 | 13 | 14 | 15 |
| 16            | 17 | 18 | 19 | 20 | 21 | 22 |
| 23            | 24 | 25 | 26 | 27 | 28 |    |

| February |                          |  |  |  |  |  |
|----------|--------------------------|--|--|--|--|--|
| 11       | P/T Conferences          |  |  |  |  |  |
| 13       | P/T Conferences          |  |  |  |  |  |
| 14       | No School                |  |  |  |  |  |
| 17       | Professional Development |  |  |  |  |  |

18 days taught

| March 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | M  | Tu | W  | Th | F  | Sa |
|            |    |    |    |    |    | 1  |
| 2          | 3  | 4  | 5  | 6  | 7  | 8  |
| 9          | 10 | 11 | 12 | 13 | 14 | 15 |
| 16         | 17 | 18 | 19 | 20 | 21 | 22 |
| 23         | 24 | 25 | 26 | 27 | 28 | 29 |
| 30         | 31 |    |    |    |    |    |

| March |                  |  |  |  |  |  |
|-------|------------------|--|--|--|--|--|
| 13    | End of Third Qtr |  |  |  |  |  |
| 14-21 | Spring Break     |  |  |  |  |  |

15 days taught

| April 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| Su         | M  | Tu | W  | Th | F  | Sa |
|            |    | 1  | 2  | 3  | 4  | 5  |
| 6          | 7  | 8  | 9  | 10 | 11 | 12 |
| 13         | 14 | 15 | 16 | 17 | 18 | 19 |
| 20         | 21 | 22 | 23 | 24 | 25 | 26 |
| 27         | 28 | 29 | 30 |    |    |    |

| April |                         |  |  |  |  |  |
|-------|-------------------------|--|--|--|--|--|
| 18    | Good Friday - No School |  |  |  |  |  |

21 days taught

| May 2025 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| Su       | M  | Tu | W  | Th | F  | Sa |
|          |    |    |    | 1  | 2  | 3  |
| 4        | 5  | 6  | 7  | 8  | 9  | 10 |
| 11       | 12 | 13 | 14 | 15 | 16 | 17 |
| 18       | 19 | 20 | 21 | 22 | 23 | 24 |
| 25       | 26 | 27 | 28 | 29 | 30 | 31 |

| May   |                                     |  |  |  |  |  |
|-------|-------------------------------------|--|--|--|--|--|
| 15    | End of Fourth Qtr (Second Semester) |  |  |  |  |  |
|       | Last Day for Students               |  |  |  |  |  |
| 16    | PD / Check Out - Teacher's Last Day |  |  |  |  |  |
| 19-22 | Make Up Days (if necessary)         |  |  |  |  |  |
| 23    | Graduation                          |  |  |  |  |  |

11 days taught

1st Semester = 81 days taught  
 2nd Semester = 84 days taught

\* Calendar is subject to change

# Nowata Public Schools

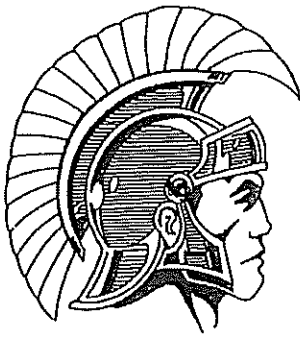


## ALTERNATIVE EDUCATION PROGRAM

### DAILY CLASS SCHEDULE

**2024-2025**

Monday - Friday: 8:00am - 12:15pm



# Nowata High School

707 W. Osage Ave.

Nowata, OK 74048

918-273-2221

Dear Parent or Legal Guardian:

Senate Bill 1792 was passed by the Oklahoma Legislature and signed into law by Governor Henry, effective July 1, 2006. The law requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum as outlined in Senate Bill 1792, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work. Students who take a college preparatory curriculum designed to prepare them for both college and career have more opportunities.

Please indicate your choice by checking either the Core Curriculum for College Preparatory Curriculum box located below. You must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

As the parent or legal guardian, I am selecting the following curriculum for my student:

Check one:

☐

Core Curriculum

☐

College preparatory/work ready curriculum

Student's Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Parent/Guardian's Name (print)

Parent/Guardian's Signature

Date

Parent/Guardian's Mailing Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_



## Criteria for Admission to Nowata Public Schools Alternative School

Students are not automatically enrolled and accepted into alternative school. This type of learning environment is designed to meet the needs of students with particular learning styles and academic requirements. The admission to alternative school is a team decision and decided on a case-by-case basis. The following is a list of considerations the committee uses to make its recommendations. The list is not all-inclusive. It is also noted that the committee has the final determination.

- ☐ The student is considerably behind his/her class in meeting graduation requirements
- ☐ The student is experiencing personal extenuating circumstances that adversely affect their ability to attend and be successful in traditional academic settings
- ☐ The student is failing due to attendance and it is reasonable to assume a change in environment or schedule will improve attendance
- ☐ The student is suspended from regular classes for reasons that would still allow an alternative placement to be appropriate
- ☐ Ongoing discipline referrals in the regular class setting that could be reasonably corrected or controlled in an alternative environment

Cell Phones will be checked in at the beginning of class. They will be placed in a locked box to protect them from theft. Phone will be returned to the student at the end of the school day. You may not refuse to comply with this rule if you wish to attend alternative school.

**Your one way ticket out—**

- ☐ Fighting
- ☐ Threatening a peer or teacher
- ☐ Possession of a weapon
- ☐ Possession of an illegal substance
- ☐ Use of tobacco on school grounds
- ☐ Failing both classes in one block
- ☐ Persistent discipline referrals
- ☐ Cheating-copying answers or doing work for another student

These things interfere with learning. Since the goal of this program is to learn, we will need to remove the obstacle to that learning, even if that obstacle is you.

**Incompletes**

There are times when a student may need an additional block to complete the required work to receive credit in a class. If the need for additional time results from academic deficiencies, not lack of effort, an incomplete may be awarded. The student will have the next six-week block to complete the necessary work to receive credit. If they do not complete the work within that block, a failing grade will replace the incomplete on the transcript.

**CRITERIA FOR ENTERING AND LEAVING THE  
ALTERNATIVE SCHOOL SETTING**

Students may only enroll and be accepted into the Alternative School at the beginning of a new block as defined by the schedule for ~~2023~~ 2024-2025

Students who have been suspended from Alternative School may return to Alternative School one time, and then will not be considered for re-enrollment until the next school year.

Students who are suspended from Alternative School may not return to traditional day classes until the new semester.

Yes No Are you failing any classes? If so, which ones

\_\_\_\_\_

Yes No Are you currently suspended?

Why? \_\_\_\_\_

Yes No Have you ever been suspended?

Why? \_\_\_\_\_

Yes No Do you currently use drugs?

Yes No Have used drugs in the past?

Yes No Do you use alcohol

Yes No Smoke cigarettes

Yes No Smokeless tobacco?

Yes No Are you currently involved with OJA or on probation? If so,  
explain \_\_\_\_\_

\_\_\_\_\_

Do you have a history of violence or injury toward yourself or others? Explain

\_\_\_\_\_

\_\_\_\_\_

What are your future plans? On-the Job Training \_\_\_\_\_ Vo-Tech \_\_\_\_\_  
College \_\_\_\_\_

What are your career goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list anything not mentioned that you would like for us to know.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

53 I040      NOWATA

|                                |                    |
|--------------------------------|--------------------|
| Superintendent's Name          | Tim Simpson        |
| Superintendent's Email Address | tsimpson@npsok.org |
| Superintendent's Phone         | (918) 273-3425     |

|   |    |
|---|----|
| Do you participate in an Alternative Education Cooperative or Interlocal Cooperative for Alternative Education? | No |
|---|----|

|  |    |
|--|----|
| Is your district the Local Education Agency (LEA) for the Alternative Education Program? | No |
|--|----|

LEA of Alternative Education  
Cooperative or Interlocal Cooperative

|                   |          |
|-------------------|----------|
| Allocation Amount | 16022.22 |
|-------------------|----------|

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**COOPERATIVE INFORMATION**

If you participate in an Alternative Education Cooperative, your member districts will be listed below:

| County | District | District Name | Allocation     |
|--------|----------|---------------|----------------|
| 53     | I040     | NOWATA        | 16022.22       |
|        |          |               | <hr/> 16022.22 |

**LEA PROGRAM INFORMATION**

|                                    |                                     |
|------------------------------------|-------------------------------------|
| 1. Program Name                    | Nowata Alternative Education        |
| 2. Physical Address (Not a PO Box) | 707 W Osage Ave<br>Nowata, OK 74048 |
| 3. Director/Lead Teacher Name      | Michael McFarland                   |
| 4. Contact Title                   | Michael McFarland                   |
| 5. Contact Telephone               | Teacher                             |
| 6. Contact Fax                     | 9182732221                          |

**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

|   |  |
|---|--|
| 7. Mailing Address (Street)   | 707 W Osage Ave,                             |
| 8. Mailing Address (City)   | Nowata                                       |
| 9. Mailing Address (Zip)  | 74048  |
| 10. Contact Email   | mmcfarland@npsok.org                         |
| 11. Length of Program   |  |
| Program runs 4 hours 12 minutes 5 days a week   | <input checked="" type="checkbox"/>          |
| 756 hours in your school calendar   | <input type="checkbox"/>                     |
| Deregulation turned into Accreditation office date of submission  | <input type="checkbox"/>                     |
| 12. Days Operating  | M-F  |
| 13. Time Program Begins   | 08:00 AM                                     |
| 14. Time Program Ends   | 12:15 PM                                     |
| 15. Grade Levels Served   |  |
| Grade 7 <input type="checkbox"/>  | Grade 8 <input type="checkbox"/>             |
| Grade 9 <input checked="" type="checkbox"/>   | Grade 10 <input checked="" type="checkbox"/> |
| Grade 11 <input checked="" type="checkbox"/>  | Grade 12 <input checked="" type="checkbox"/> |
| 16. How many students are being served each day?  | 8  |
| 16 A. If serving less than 10 students and not cooping have you completed a Statutory Waiver/Deregulation Application for Alternative Education? (Due Oct 1)  | No   |
| 17. Of the above number, how many students attend a Career Technology Center?   | 0  |
| 18. How many Alternative Education students take classes at the traditional school in addition to their classes in the Alternative Education Academy Program? | 1  |
| 19. How many Alternative Education students are concurrently enrolled in college or university courses?   | 0  |

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**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

**TEACHER INFORMATION**

|   |                      |
|---|----------------------|
| 20. Teacher Name  | Michael McFarland    |
| 21. Email Address   | mmcfarland@npsok.org |
| 22. Years of experience   | 0                    |
| 23. Degree Held   | BA                   |
| 24. Number of hours per week served in the Alternative Education Academy Program.   | 25                   |
| 25. Indicate the salary and benefits on the designated step within the District's Salary Schedule including the five percent (5%) increment. (Only for the time actually served in the Alternative Education Academy Program) | 27279.63             |
| 26. Has a criminal record search been conducted on this teacher?  | Yes                  |
| 27. Teacher Certification Number  | 454621               |
| 28. Has a 'Teaching Out of Certification Exemption' form been filed with the Alternative Education office for this teacher (if applicable)? Due by Oct 2  | Yes                  |

---

**ADMINISTRATOR/COUNSELOR INFORMATION**

|   |  |
|---|--|
|   | Counselor Type   |
| 29. Administrator or Counselor Name                                       | Bridgette Smith  |
| 30. Email address   | bridgettesmith@npsok.org   |
| 31. Documented duties performed in the Alternative Education Program      | Grade monitoring and advising. Meets with and counsels students weekly |
| 32. Number of hours per week served in the Alternative Education Program. | 5  |
| 33. Is this counselor a certified school guidance counselor?              | School Guidance Counselor  |
| 34. Salary and benefits   | 0  |
| 35. In what capacity does this individual serve?                          | Counselor  |

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**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

**COLLABORATIVE AGENCY INFORMATION**

|  |                                |
|--|--------------------------------|
| <b>36. Agency Name</b>                     | Nowata Police Department       |
| <b>37. Contact Name</b>                    | Fran Hentz                     |
| <b>38. Phone</b>                           | 9189151275                     |
| <b>39. Email Address</b>                   | fhentz@npsok.org               |
| <b>40. Services Provided</b>               | SRO, education, emergency help |
| <b>41. When are the services provided?</b> | M-F as needed                  |

---

|  |                                 |
|--|---------------------------------|
| <b>36. Agency Name</b>                     | Tri-County Technical School     |
| <b>37. Contact Name</b>                    | Randall Jones                   |
| <b>38. Phone</b>                           | 9183313333                      |
| <b>39. Email Address</b>                   | randall.jones@tricountytech.edu |
| <b>40. Services Provided</b>               | Career counseling               |
| <b>41. When are the services provided?</b> | As scheduled or as needed       |

---

|  |  |
|--|--|
| <b>36. Agency Name</b>                     | Grand Lake Mental Health   |
| <b>37. Contact Name</b>                    | Call Emberson  |
| <b>38. Phone</b>                           | 9184025734   |
| <b>39. Email Address</b>                   |  |
| <b>40. Services Provided</b>               | Call is a behavioral health coach who works with our alt ed students |
| <b>41. When are the services provided?</b> | As scheduled or as needed  |

---

**42. Check all that apply to the district's intake and screening process.**

|   |                                     |
|---|-------------------------------------|
| Approved intake form                      | <input checked="" type="checkbox"/> |
| At Risk Indicator                         | <input checked="" type="checkbox"/> |
| Parent/guardian present                   | <input type="checkbox"/>            |
| Teacher from the traditional school       | <input type="checkbox"/>            |
| Administrator from the traditional school | <input type="checkbox"/>            |

**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

|  |                                     |
|--|-------------------------------------|
| Administrator from the alternative program (when applicable) | <input type="checkbox"/>            |
| Individualized Education Plan (IEP) Change of Placement      | <input checked="" type="checkbox"/> |
| Counselor present  | <input checked="" type="checkbox"/> |
| Cumulative folder  | <input type="checkbox"/>            |
| Student present  | <input checked="" type="checkbox"/> |
| Student transcript   | <input checked="" type="checkbox"/> |
| Written graduation plan for each student                     | <input checked="" type="checkbox"/> |
| Official referral  | <input checked="" type="checkbox"/> |

**43. How often are students allowed to enroll in the Alternative Education Program? Check all that apply.**

|                                  |   |
|----------------------------------|---|
| Daily                            | <input type="checkbox"/>                            |
| Once each week                   | <input type="checkbox"/>                            |
| Monthly only                     | <input type="checkbox"/>                            |
| Quarterly only                   | <input type="checkbox"/>                            |
| Semester only                    | <input type="checkbox"/>                            |
| Other interval. Please describe: | <input checked="" type="checkbox"/> Every six weeks |

**44. Do you ensure that no indication will appear on the Alternative Education student's transcript that will eliminate the opportunity for high school credit to be accepted at institutions of higher education, career technology centers, and/or the United States Military?**

|     |                                     |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
|-----|-------------------------------------|

**45. List courses that are offered to students in the traditional school that are not available to the students in the Alternative Education Program.**

N/A

**46. Check all instructional strategies and activities that apply to your program. (Documented evidence required)**

|   |   |
|---|---|
| Lesson plans from teacher(s) at the traditional school  | <input type="checkbox"/>                      |
| Hands on art instruction  | <input checked="" type="checkbox"/>           |
| Cooperative learning  | <input type="checkbox"/>                      |
| Distance learning. Please list the distance learning provider used in your Alternative Education Academy program. | <input checked="" type="checkbox"/> Edgenuity |
| Computer software. Please list computer software programs used in your Alternative Education Academy program.     | <input checked="" type="checkbox"/> Edgenuity |
| Teacher-developed curriculum and learning activities  | <input checked="" type="checkbox"/>           |
| Service-learning  | <input checked="" type="checkbox"/>           |
| Packaged curricula  | <input type="checkbox"/>                      |



**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

|  |                                     |
|--|-------------------------------------|
| Self-paced                               | <input checked="" type="checkbox"/> |
| Project-based learning                   | <input type="checkbox"/>            |
| Tutoring                                 | <input checked="" type="checkbox"/> |
| Individualized instruction               | <input checked="" type="checkbox"/> |
| Life skills instruction for all students | <input checked="" type="checkbox"/> |

**47. How many hours per week is counseling provided exclusively to Alternative Education students? (Documented evidence required)**

4-6

**48. Check the days counseling is provided exclusively to Alternative Education students.**

|           |                                     |
|-----------|-------------------------------------|
| Monday    | <input type="checkbox"/>            |
| Tuesday   | <input checked="" type="checkbox"/> |
| Wednesday | <input type="checkbox"/>            |
| Thursday  | <input type="checkbox"/>            |
| Friday    | <input type="checkbox"/>            |

**49. Who provides counseling services?**

Bridgette Smith

**50. Indicate the provider's credentials. (Counselor must be certified by SDE or a mental health provider with appropriate licensure.)**

SDE Certification

**51. Check all types of counseling strategies used in the Alternative Education Program. (Documented evidence required)**

|                              |                                     |
|------------------------------|-------------------------------------|
| Individual                   | <input checked="" type="checkbox"/> |
| Family                       | <input type="checkbox"/>            |
| Academic                     | <input checked="" type="checkbox"/> |
| Conflict resolution          | <input checked="" type="checkbox"/> |
| Group                        | <input checked="" type="checkbox"/> |
| Teen parenting               | <input type="checkbox"/>            |
| Career                       | <input checked="" type="checkbox"/> |
| Drug/alcohol/substance abuse | <input checked="" type="checkbox"/> |

**52. Which disciplines of art are taught to Alternative Education students? (Documented evidence required)**

|                                |                                     |
|--------------------------------|-------------------------------------|
| Vocal music                    | <input type="checkbox"/>            |
| Instrumental music             | <input type="checkbox"/>            |
| Integrated approach (hands-on) | <input checked="" type="checkbox"/> |

**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

Performing arts (dance, drama, etc.) ☐

Visual art (drawing, oil, photography, etc.) ☒

**53. Do students receive credit for the arts?**

Yes ☒

**54. The district will support the Alternative Education personnel's attendance at professional development workshops, regional meetings, and seminars provided by the State Department of Education. (Documented evidence required)**

Yes ☒

**55. Students in the Alternative Education Program, who otherwise meet all participation requirements, are allowed to participate in vocational programs and extracurricular activities, including but not limited to athletics, band, and clubs.**

Yes ☒

**56. How many Alternative Education senior students participated in the regular commencement exercises last school year?**

1-10

**57. How many Alternative Education students were reported on your district's annual Student Dropout Report for the 2022-2023 school year?**

1

**58. Will the Alternative Education Program be operational and ready to serve students on the 1st of September?**

Yes ☒

**59. Are materials and equipment purchased with revenue received for the Alternative Education Program made available exclusively to the Alternative Education students during the hours that the Alternative Education Program is operating?**

Yes ☒

**60. Is the Alternative Education Program site readily ADA Compliant?**

Yes ☒

No ☐

**61. Does the Alternative Education Program regularly provide transportation to students or transportation accessible if needed?**

Yes ☒

No ☐

**62. Does the Alternative Education Program offer food service to students?**

Yes ☒

No ☐

**Oklahoma State Department of Education  
Districtwide Alternative Education Implementation Plan Report  
2024-2025**

63. I understand in order to receive funding the evidence criteria review must be completed and students must be coded correctly in your district's student information system.

Yes ☒

No ☐

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 - 20 25 school year**

Oklahoma  
COUNTY

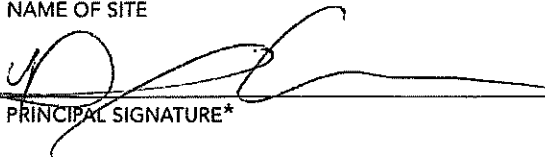
Millwood Public Schools  
SCHOOL DISTRICT

6724 Martin Luther King Ave  
SCHOOL DISTRICT MAILING ADDRESS

OKC  
CITY

OK  
ZIP CODE

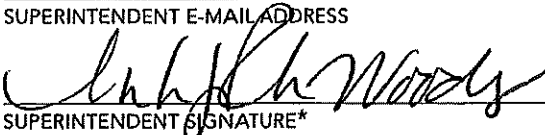
Millwood High School  
NAME OF SITE

  
PRINCIPAL SIGNATURE\*      Sep. 9, 2024  
DATE


PRINCIPAL SIGNATURE\*      DATE

PRINCIPAL SIGNATURE\*      DATE

Cecilia Robinson Woods  
SUPERINTENDENT NAME (PLEASE PRINT)

crw@millwoodps.org  
SUPERINTENDENT E-MAIL ADDRESS  
  
SUPERINTENDENT SIGNATURE\*      DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on September 9, 20 24

  
BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

  Sept 9, 2024  
NOTARY      DATE

3/23/2028  
COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived:  
(specify statute or OAC (deregulation) number: (see instructions)

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

THE WAIVER/DEREGULATION IS  
REQUESTED FOR:

\_\_\_\_ One Year Only  
☒ Three Years\*

**SDE USE ONLY**

PROJECT YEARS  
3 of 3

**ENROLLMENT**

\_\_\_\_ High School  
\_\_\_\_ Jr./Middle High  
\_\_\_\_ Elementary  
\_\_\_\_ District Total

**RECEIVED SEP 18 2024**  
DATE RECEIVED

70 O.S. 1210-568

OAC \_\_\_\_\_

Cowp Agreement  
NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

Millwood Public Schools is a small school district with less than 1200 students from Pre-K to 12th grade. The district only has one high school site serving less than 400 students. The number of students who qualify for alternative education is often zero and almost always less than 10. The closest district to coop with would be Oklahoma City Public Schools, requiring students to travel eight (8) miles daily.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.

As an alternative site, Millwood has provided an alternative education program, program plan, and elective courses for students who qualify. If this waiver application is denied, the district must contact and pay additional fees for the coop agreement and bus transportation for roughly one percent (1%) of the district's student population.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district. No we have not previously participated in a co-op. We have been awarded a waiver. Results of the waiver allowed for us to service students in house and we were able to help half of the students graduate in the four year co-hort.

D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation?  
If positive please describe where the available would be reallocated.  
The financial impact is negative. It costs the district more than we are allocated to serve the students in need.

F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.  
Progress is determined on quarterly benchmark assessments and course completions.

**\*\* You will be contacted if more information is needed to process this request.**



**MILLWOOD PUBLIC  
SCHOOLS**

September 12, 2024

Oklahoma State Department of Education  
Accreditation Standard Division  
2500 North Lincoln Boulevard - Suite 210  
Oklahoma City, Ok 73105

Dear Accreditation Standard Division:

Millwood Public Schools is a small school district with less than 1200 students from Pre-K to 12th grade. The district only has one high school site serving less than 400 students. The number of students who qualify for alternative education is often zero and almost always less than 10. The closest district to co-op with would be Oklahoma City Public Schools, requiring students to travel eight (8) miles daily. As an alternative site, Millwood has provided an alternative education program, program plan, and elective courses for students who qualify. If this waiver application is denied, the district must contact and pay additional fees for a co-op agreement and bus transportation for roughly one percent (1%) of the district's student population.

Best Regards,

Cecilia J. Robinson-Woods, Ed.D.  
Superintendent of Schools

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 – 20 25 school year**

Osage  
COUNTY

1030  
SCHOOL DISTRICT

PO Box 700  
SCHOOL DISTRICT MAILING ADDRESS

Wynona  
CITY

74084  
ZIP CODE

Wynona School District

NAME OF SITE

*Ruby Dean, Ed.D.*

PRINCIPAL SIGNATURE\*

08/22/2024

DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

Dr. Ruby Dean

SUPERINTENDENT NAME (PLEASE PRINT)

rdean@wynona.k12.ok.us

SUPERINTENDENT E-MAIL ADDRESS

*Ruby Dean, Ed.D.*

SUPERINTENDENT SIGNATURE\*

08/22/2024

DATE

I hereby certify that this waiver/deregulation application was approved by our  
local board of education at the meeting on \_\_\_\_\_, 20\_\_\_\_

*Ashley Hanger*

BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

*Amanda Stansberry*

NOTARY

January 12, 2027

COMMISSION EXPIRATION DATE

9.24.2024

AMANDA STANSBERRY  
Notary Public - State of Oklahoma  
Osage County  
Commission # 15000362  
My Commission Expires January 12, 2027

Statute/Oklahoma Administrative Code to be Waived:

(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

THE WAIVER/DEREGULATION IS  
REQUESTED FOR:

\_\_\_\_ One Year Only

*y* Three Years\*

**SDE USE ONLY**

PROJECT YEARS  
3 of 3

**ENROLLMENT**

\_\_\_\_ High School  
\_\_\_\_ Jr./Middle High  
\_\_\_\_ Elementary  
\_\_\_\_ District Total

RECEIVED SEP 30 2024

DATE RECEIVED

70 O.S. 1210.563

OAC \_\_\_\_\_

*Coop Agreement*

NAME OF WAIVER



- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

The drive to the nearest alternative education site is 30 minutes away. We currently do not serve any students and have not had to co-op with another district in the past. We can better serve the students because we have a small school district. We have counseling 1:74. The benefits of the students being here outweighs the cons of going to another school for this service.

We have 1:8 teacher to student ratio. Being able to provide smaller classes is an advantage as students are able to get more 1:1 help from the teachers.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.

We can better serve the students because we have a small school district. We have counseling 1:74 counselor to students. The benefits of the students being here outweighs the cons of going to another school for this service.

We have 1:8 teacher to student ratio. Being able to provide smaller classes is an advantage as students are able to get more 1:1 help from the teachers.

We also offer virtual classes ensuring students receive their credit hours to graduate on time.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.

No, we have not participated in an alternative education co-op previously. Yes, we have been awarded a waiver before. The educational impact on the district led to smaller class sizes allowing more 1:1 help from teachers. The school grew percentage wise last year on the state mandated test. We have 100% graduation rate.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

[https://drive.google.com/file/d/1rvLTY2JjvHqGHkl6kojyd\\_Ejd25FMDXN/view](https://drive.google.com/file/d/1rvLTY2JjvHqGHkl6kojyd_Ejd25FMDXN/view)

[https://docs.google.com/spreadsheets/d/1pStEsWHdEIT\\_AayeFOCqjaelBsQ5xXbxVzR2QaeXzL0/edit?gid=0#gid=0](https://docs.google.com/spreadsheets/d/1pStEsWHdEIT_AayeFOCqjaelBsQ5xXbxVzR2QaeXzL0/edit?gid=0#gid=0)

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

There is definitely a financial impact because we do not have to transport these students to and from Pawhuska.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

We have 100% graduation rate.

**\*\* You will be contacted if more information is needed to process this request.**



# Wynona Public Schools



**Home of the Yellowjackets**

Superintendent: Dr. Ruby Dean  
www.wynona.k12.ok.us  
Fax: 918-846-2883

P O Box 700  
Wynona, OK 74084  
Phone: 918-846-2467

August 22, 2024

Oklahoma State Department of Education  
Attention: School Site Waiver/Deregulation  
2500 N. Lincoln Blvd.  
Oklahoma City, OK 73105-4599

Subject: School Site Waiver Application - 2024-2025

To Whom It May Concern:

The reason for this request is to file a school site statutory waiver for alternative education. We only have 74 students enrolled in grades PK through twelfth. This request is due to a financial decision. We can better serve our students because we are a small school district and can give more 1:1 help from the teachers.

If further information is needed, please contact me at (918) 846-2467.

Sincerely,

Dr. Ruby Dean, Superintendent

# SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION

## for 20 24 - 20 25 school year

Pottawatomie

COUNTY

Shawnee Public Schools

SCHOOL DISTRICT

326 N. Union Ave

SCHOOL DISTRICT MAILING ADDRESS

Shawnee

CITY

74804

ZIP CODE

Jim Thorpe Academy

NAME OF SITE

*M. Hall*

PRINCIPAL SIGNATURE\*

9/9/24

DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

Dr. Aaron Espolt

SUPERINTENDENT NAME (PLEASE PRINT)

aespolt@shawnee.k12.ok.us

SUPERINTENDENT E-MAIL ADDRESS

*[Signature]*

SUPERINTENDENT SIGNATURE\*

9/9/24

DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on 9/9, 20 24

*[Signature]*

BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

*Wendy Tucker*

NOTARY

WENDY TUCKER  
NOTARY PUBLIC - STATE OF OKLAHOMA  
MY COMMISSION EXPIRES JUL. 12, 2025  
COMMISSION # 17006363

9/9/24

DATE

7/12/25  
COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived:

(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

THE WAIVER/DEREGULATION IS  
REQUESTED FOR:

       One Year Only

☒ Three Years\*

SDE USE ONLY

PROJECT YEARS

3 of 3

ENROLLMENT

   High School

   Jr./Middle High

   Elementary

District Total

RECEIVED OCT 01 2024

DATE RECEIVED

70 O.S. 1210.548

OAC       

*Coop Agreement*  
NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

Our district is requesting a waiver because we have an opportunity to house both middle school and high school alternative students together in one location. After the tornado, we were able to remodel a building that is well-suited for our entire alternative program. Due to the change in location this year, we currently have less than 10 students in the middle school alt program; however, we are in communication with middle school families that are seeking an alternative approach for their students. We have a goal of impacting 10% of the middle school population, and with the new remodel, we are able to enhance the educational experience of our middle school alternative students.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement. Without the waiver, the district would have to house the middle school program on a separate campus from the rest of Jim Thorpe Academy. The approval of this waiver will allow us temporary flexibility due to the change in location for our middle school program. Our graduation rates and learning achievements have been significantly impacted under Jim Thorpe Academy, and adding our middle school program on site in one location will allow us to wholistically maintain a focused and effective alternative education program here in Shawnee. The building we now have to house all alternative students together will allow middle school the same on-site opportunities as our high school program.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district. We have not previously needed a waiver for middle school. We have not previously combined middle school students with high school students in our alternative education program or any other district, but we have successfully implemented alternative education for both middle and high school students. We have served middle school students successfully for the past several years, but this year after the tornado reconstruction, we have the opportunity to combine at one site. This waiver will have a positive educational impact, resulting in a more inclusive learning environment and more opportunities for middle and high school students. Middle students will have more on-site opportunities (JTA garden, JTA teachers, guest speakers, field trips, etc.), and high school students will be able to mentor middle school students and enhance the program culture.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

We have developed a comprehensive timeline to ensure a smooth transition of middle school students into the high school alternative education program. The attached class schedule and academic calendar meets the requirements for a school day as outlined by the OSDE guidelines, and it is also in congruence with the SPS academic calendar.

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

The proposed waiver is expected to have a positive financial impact on the district. By consolidating middle and high school alternative education programs, we can optimize resource allocation, reducing the need for separate staffing and facilities.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

The effectiveness of the integrated alternative education program will be assessed through a variety of methods, including teacher evaluations (OKTLE), standardized test scores (OSTP), and the School Report Card. We use IXL to diagnose and track student achievements formatively throughout the year in addition to the end of year summative scoring.

\*\* You will be contacted if more information is needed to process this request.



# SHAWNEE PUBLIC SCHOOLS

326 NORTH UNION AVENUE | SHAWNEE, OKLAHOMA 74801-7099 | (405) 273-0653

**DR. TERESA WILKERSON**  
INTERIM SUPERINTENDENT

Oklahoma State Department of Education  
Attention: April Barr  
Oliver Hodge Building  
2500 North Lincoln Boulevard  
Oklahoma City, OK 73105

Subject: Request for waiver to serve fewer than 10 students in middle school program

To Whom It May Concern:

Jim Thorpe Academy, Shawnee Public Schools' Alternative School, respectfully requests a statutory waiver/deregulation to provide alternative education opportunities for 7<sup>th</sup> and 8<sup>th</sup> students in the district's newly located and remodeled Jim Thorpe Academy in the Wilson Building. This waiver is needed to serve fewer than 10 students in the 7<sup>th</sup> and 8<sup>th</sup> grade alternative education (alt ed) program while the new location is being communicated to our students and families. Due to the following factors related to regulations, funding, and program integrity, this waiver is being requested:

1. **Regulatory Compliance:** This waiver allows for temporary flexibility while a new program is being established.
2. **Funding Considerations:** Serving fewer than the required minimum might affect the amount of funding the program receives. This waiver can help maintain funding during the transition period.
3. **Program Development:** When building a new program, it's essential to develop it thoughtfully, ensuring that the curriculum, staff, and resources are in place to support the students effectively. A waiver provides time to establish these elements without being penalized for low enrollment during the initial stages.
4. **Communication with Stakeholders:** Informing parents and students about new procedures, expectations, and opportunities takes time. This waiver allows the program to operate with fewer students while these communications are being conducted and until the program gains momentum and attracts more students.
5. **Flexibility for Transition:** Changing buildings and setting up new procedures can be disruptive. This waiver offers flexibility, allowing the program to focus on quality rather than rushing to meet enrollment quotas during a period of transition.

This waiver helps ensure that the new location for the 7<sup>th</sup> and 8<sup>th</sup> grade alternative education program is built on a solid foundation, with adequate time to grow and meet the needs of the students it serves.

Respectfully,

Teresa Wilkerson, EdD.  
Interim Superintendent

**SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION**  
**for 20 24 - 20 25 school year**

Pushmataha

COUNTY

Nashoba School

SCHOOL DISTRICT

PO Box 17

SCHOOL DISTRICT MAILING ADDRESS

Nashoba

CITY

74558

ZIP CODE

Nashoba Elementary School

NAME OF SITE

Charles Caughern Jr.

PRINCIPAL SIGNATURE\*

08/12/2024

DATE

PRINCIPAL SIGNATURE\*

DATE

PRINCIPAL SIGNATURE\*

DATE

Dr. Charles Caughern Jr.

SUPERINTENDENT NAME (PLEASE PRINT)

ccaughern@nashoba.k12.ok.us

SUPERINTENDENT E-MAIL ADDRESS

Charles Caughern Jr.

SUPERINTENDENT SIGNATURE\*

08/12/2024

DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on August 12, 20 24

Betty Fuller

BOARD PRESIDENT SIGNATURE\*

NOTARY SEAL →

ALISA LOVITT  
NOTARY PUBLIC - STATE OF OKLAHOMA  
MY COMMISSION EXPIRES MAY 03, 2028  
COMMISSION # 24006053

Alisa Lovitt

NOTARY

8/12/2024

DATE

May 3, 2028

COMMISSION EXPIRATION DATE

**Statute/Oklahoma Administrative Code to be Waived:**

(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

**THE WAIVER/DEREGULATION IS REQUESTED FOR:**

☒ One Year Only  
☒ Three Years\*

**SDE USE ONLY**

PROJECT YEARS

2 of 2

**ENROLLMENT**

☒ High School  
☒ Jr./Middle High  
☒ Elementary  
☐ District Total

**RECEIVED SEP 16 2024**

DATE RECEIVED

70 O.S. 1210.568

OAC

Coop Agreement  
NAME OF WAIVER



- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

Nashoba is a small K-8 district , all classes are small with teacher ration less than 10 students per class. All steps are in place to help any student ,such as teacher assistants and suppumental curriculum . As of now we have no students in need of alternative education.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement.

As the need for student support arises, every effort will be made to assist any students needs.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district.

We have been in an AI Ed coop before and are currently not participating with Clayton because of the distance.

D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation?  
If positive please describe where the available would be reallocated.

No impact as we will serve any student inhouse with current personell.

F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

Daily records , star testing and daily grades. teacher recommendation and parent input.

\*\* You will be contacted if more information is needed to process this request.

- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

*See Attachments*

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation?  
If positive please describe where the available would be reallocated.

No impact as we will serve any student in house with current personell.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

Daily records , star testing and daily grades. teacher recommendation and parent input.

**\*\* You will be contacted if more information is needed to process this request.**

## NASHOBA SCHOOL – 2024-2025 TEACHING SCHEDULE

|                           | 7:55-<br>8:50              | 8:55-<br>9:40      | 9:45-<br>10:45                   | 10:45-<br>11:20           | Lunch<br>11:00<br>12:15 | 12:15-<br>1:10                   | 1:15-<br>2:10                 | 2:15-<br>3:05                           |
|---------------------------|----------------------------|--------------------|----------------------------------|---------------------------|-------------------------|----------------------------------|-------------------------------|---|
| Weathers                  | KG                         | KG                 | Plan                             | KG                        | 11:00                   | Kg                               | Kg                            | Kg                                      |
| Robbins                   | 1-2<br>Phonics<br>Spelling | 1-2<br>Readin<br>g | 1-2<br>Readin<br>g               | 1-2<br>Math 1<br>Gr.2 IXL | Lunch<br>11:10          | Plan                             | 1-2<br>Math 2<br>Gr. 1<br>IXL | 1-2<br>L.A.                             |
| Monica<br>Vandevente<br>r | Parapro                    | Parapro            | Parapro                          | Parapr<br>o               | Cnp<br>Chec<br>k list   | Parapro                          | Parapr<br>o                   | Parapro                                 |
| Long                      | 5-6<br>L.A.                | 3-4<br>L.A.        | 5-6<br>Math                      | 5-6<br>Spelling           | 11:30                   | 5-6<br>S.S.                      | Plan                          | 5-6<br>AR/TYPIN<br>G                    |
| Gee                       | 7-8<br>Readin<br>g         | 7-8<br>Readin<br>g | 7-8<br>Math                      | Library                   | 11:45                   | 7-8<br>History/<br>Geograph<br>y | Plan                          | 7-8<br>AR/TYPIN<br>G                    |
| Coach<br>Brown            | 3-4<br>Science             | 5-6<br>Science     | 9:45-<br>10:30<br>PK -KG<br>P.E. | 7-8<br>Science            | Lunch<br>11:40          | 1-2-3-4<br>P.E.                  | 5-6-7-8<br>P.E.               | Plan                                    |
| Patty Davis               | Parapro<br>PK              | Parapro<br>PK      | Parapro<br>Pk                    | Parapro<br>PK             | 11:00<br>PK             | Parapro<br>KG                    | Parapro<br>PK                 | Parapro<br>All as<br>needed<br>students |
| K. Brown                  | Sp.<br>Ed.                 | Sp.<br>Ed.         | 3-4<br>Readin<br>g               | 3-4<br>Math<br>Spelling   | Lunch<br>11:10          | Art                              | 3-4<br>S.S.                   | 3-4<br>AR<br>Reading                    |
|                           |                            |                    |                                  |                           |                         |                                  |                               |   |

**Art Schedule:** Monday – 1-4 Girls  
Tuesday – 1-4 Boys  
Wednesday – 5-8 Girls & Boys  
Thursday – KG Girls & Boys

# NASHOBA PUBLIC SCHOOL 2024-2025 SCHOOL CALENDAR

Nashoba Public School



Home of the Wolves!!!  
www.nashoba.k12.ok.us

## PROFESSIONAL DEVELOPMENT DAYS

(no school for students)

August 5-7, 2024

January 3, 2025

May 16, 2025

## FIRST DAY OF SCHOOL

August 8, 2024

## LAST DAY OF SCHOOL

May 15, 2025

## SEMESTERS

First Semester—87 days

Second Semester – 77 days

## NINE WEEKS

1<sup>st</sup> Aug. 9 - Oct. 11, 2024

2<sup>nd</sup> Oct. 14-Dec. 20, 2024

3<sup>rd</sup> Jan 6- March 6, 2025

4<sup>th</sup> March 10 -May 21, 2025

## HOLIDAYS – NO SCHOOL

Sept. 2, 2024 – Labor Day

Oct. 17-21 2024 – Fall Break

Nov. 25-29, 2024 – Thanksgiving

Dec. 23, 2024- Jan. 2, 2025 –

Christmas Break

Feb. 17, 2025 – Presidents Day

March 17-21, 2025 – Spring Break

April 21, 2025 – Easter Break

No School on Fridays in RED

## PARENT/TEACHER CONFERENCES

3:30 p.m. to 9:30 p.m.

September 19, 2024

February 20, 2025

## VIRTUAL DAYS (Fridays)

Aug. 16,23,30/ Sept. 6,13,27

Oct. 4,11,25/ Nov. 1,8,15,22

Dec. 20

Jan. 10,17,24,31

Feb. 7, 14

### AUGUST 2024

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     | 1   | 2   | 3   |
| 4   | 5   | 6   | 7   | 8   | 9   | 10  |
| 11  | 12  | 13  | 14  | 15  | 16  | 17  |
| 18  | 19  | 20  | 21  | 22  | 23  | 24  |
| 25  | 26  | 27  | 28  | 29  | 30  | 31  |

### JANUARY 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     | 1   | 2   | 3   | 4   |
| 5   | 6   | 7   | 8   | 9   | 10  | 11  |
| 12  | 13  | 14  | 15  | 16  | 17  | 18  |
| 19  | 20  | 21  | 22  | 23  | 24  | 25  |
| 26  | 27  | 28  | 29  | 30  | 31  |     |

### SEPTEMBER 2024

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| 8   | 9   | 10  | 11  | 12  | 13  | 14  |
| 15  | 16  | 17  | 18  | 19  | 20  | 21  |
| 22  | 23  | 24  | 25  | 26  | 27  | 28  |
| 29  | 30  |     |     |     |     |     |

### FEBRUARY 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     | 1   |
| 2   | 3   | 4   | 5   | 6   | 7   | 8   |
| 9   | 10  | 11  | 12  | 13  | 14  | 15  |
| 16  | 17  | 18  | 19  | 20  | 21  | 22  |
| 23  | 24  | 25  | 26  | 27  | 28  |     |

### OCTOBER 2024

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |
|     |     | 1   | 2   | 3   | 4   | 5   |
| 6   | 7   | 8   | 9   | 10  | 11  | 12  |
| 13  | 14  | 15  | 16  | 17  | 18  | 19  |
| 20  | 21  | 22  | 23  | 24  | 25  | 26  |
| 27  | 28  | 29  | 30  | 31  |     |     |

### MARCH 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     | 1   |
| 2   | 3   | 4   | 5   | 6   | 7   | 8   |
| 9   | 10  | 11  | 12  | 13  | 14  | 15  |
| 16  | 17  | 18  | 19  | 20  | 21  | 22  |
| 23  | 24  | 25  | 26  | 27  | 28  | 29  |
| 30  | 31  |     |     |     |     |     |

### NOVEMBER 2024

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     | 1   | 2   |
| 3   | 4   | 5   | 6   | 7   | 8   | 9   |
| 10  | 11  | 12  | 13  | 14  | 15  | 16  |
| 17  | 18  | 19  | 20  | 21  | 22  | 23  |
| 24  | 25  | 26  | 27  | 28  | 29  | 30  |

### APRIL 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     | 1   | 2   | 3   | 4   | 5   |
| 6   | 7   | 8   | 9   | 10  | 11  | 12  |
| 13  | 14  | 15  | 16  | 17  | 18  | 19  |
| 20  | 21  | 22  | 23  | 24  | 25  | 26  |
| 27  | 28  | 29  | 30  |     |     |     |

### DECEMBER 2024

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| 8   | 9   | 10  | 11  | 12  | 13  | 14  |
| 15  | 16  | 17  | 18  | 19  | 20  | 21  |
| 22  | 23  | 24  | 25  | 26  | 27  | 28  |
| 29  | 30  | 31  |     |     |     |     |

### MAY 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     | 1   | 2   | 3   |
| 4   | 5   | 6   | 7   | 8   | 9   | 10  |
| 11  | 12  | 13  | 14  | 15  | 16  | 17  |
| 18  | 19  | 20  | 21  | 22  | 23  | 24  |
| 25  | 26  | 27  | 28  | 29  | 30  | 31  |

**Nashoba Public School**  
**Dr. Charles Caughern Jr., Superintendent**

PH: 918.755.4343  
FAX: 918.755.4418  
PO Box 17  
439670 State Hwy. 144  
Nashoba, OK 74558

Betty Fuller, President  
Sheryl Hutson, V-President  
Kevin Scarberry, Clerk

August 12, 2024

Nashoba School does not have any alternative education students at this time. If we receive an alternative education student, we are prepared to make allowances and meet the needs of the student.

Respectfully,

A handwritten signature in black ink that reads "Charles Caughern Jr." with a stylized flourish at the end.

Dr. Charles Caughern Jr.  
Superintendent

# SCHOOL SITE STATUTORY WAIVER/DEREGULATION APPLICATION

## for 20 24 - 20 25 school year

Texas COUNTY Goodwell SCHOOL DISTRICT

PO Box 580 SCHOOL DISTRICT MAILING ADDRESS Goodwell CITY 73939 ZIP CODE

Goodwell Public Schools NAME OF SITE

[Signature] PRINCIPAL SIGNATURE 9/10/2024 DATE

PRINCIPAL SIGNATURE\* DATE

PRINCIPAL SIGNATURE\* DATE

Edward Smith SUPERINTENDENT NAME (PLEASE PRINT)

esmith@goodwell.k12.ok.us SUPERINTENDENT E-MAIL ADDRESS

[Signature] SUPERINTENDENT SIGNATURE\* 9/10/2024 DATE

I hereby certify that this waiver/deregulation application was approved by our local board of education at the meeting on 9/9, 20 24

[Signature] BOARD PRESIDENT

NOTARY SEAL



[Signature] NOTARY 9/10/2024 DATE

7/22/2026 COMMISSION EXPIRATION DATE

Statute/Oklahoma Administrative Code to be Waived:  
(specify statute or OAC (deregulation) number: (see instructions))

\*Original signatures are required. The attached questionnaire must be answered to process.\*\*

### THE WAIVER/DEREGULATION I REQUESTED FOR:

       One Year Only  
☒ Three Years\*

### SDE USE ONLY

PROJECT YEARS  
3 of 3

#### ENROLLMENT

       High School  
       Jr./Middle High  
       Elementary  
       District Total

RECEIVED SEP 11 2024

DATE RECEIVED

70 O.S. 1210.568

OAC       

Coop Agreement  
NAME OF WAIVER

- A. Reason for the Waiver request. Please include distance from your alternative education site to the closest possible district to co-op with, what alternative means will have to be employed if your waiver was to be denied, and what percentage of your student population will benefit from the waiver if approved.

We currently have fewer than 10 students participating in our Alt. Ed. Program. These students are primarily credit recovery.

- B. List alternate strategies/plans which the district/site proposes, and how this plan will best serve the students of your district, i.e., a description of the educational benefits to the students, graduation rate if a waiver has been awarded prior to this year, and learning achievement. Our Alt. Ed. Program is vital to our district, in order for our students to meet all their graduation requirements to achieve a Oklahoma High School Diploma. Our primary need is for credit recovery. We are the only school that services these full-time students in a 20 mile radius. Being in a rural location, we feel strongly that being allowed to continue this program, regardless of the few numbers, is what is best for our students and district.

- C. Have you participated in an alternative education co-op previously? Have you been awarded this waiver before and what was the educational impact to the district: Results of the Statutory Waiver, i.e., effect on student performance levels, impact of plan on other sites in the district. We have not participated in an Alt. Ed. coop previously. We have been awarded this waiver before. By allowing this waiver our district has the ability to provide our high school students the opportunity to complete their credit requirements on a timely basis and not to have to return as a 5th year senior, which we feel reduces the number of student drop-outs.



- D. Timeline: Please submit class schedule, calendars, assessment forms and other attachments as necessary.

We have a certified teacher who monitors the students who attend our Alt Ed Program from 12:00 pm to 3:00 pm each day, Monday-Friday. We also have our other core teachers provide additional assistance for their subject areas if Mr. Clodfelter is not able to assist with assignments.

- E. Any financial impact to the District (positive or negative) for the proposed waiver/deregulation? If positive please describe where the available would be reallocated.

This program allows students to work on credit recovery at their own pace and they can access lessons from anywhere they have Internet connection. Allowing them the opportunity to recover missing credits required for graduation. This greatly reduces the cost of having to transport students to other locations.

- F. Describe method of assessment or evaluation of effectiveness of the plan both for staff and students, I.E., TLE, ACT scores, graduation rates, RSA, School Report Card, etc.

We review a weekly report from on-line curriculum for each student who participates, and we review assessments to evaluate the effectiveness of our Alt Ed Program and make necessary changes to ensure the success of our students. Our teacher is evaluated with the TLE.

\*\* You will be contacted if more information is needed to process this request.



## Goodwell Public Schools

---

326 East Eagle Blvd. ~ PO Box 580 ~ Goodwell, OK 73939

Phone: (580) 349-2271 ~ Fax: (580) 349-2531

Email: [esmith@goodwell.k12.ok.us](mailto:esmith@goodwell.k12.ok.us) ~ Website: [www.goodwellschools.org](http://www.goodwellschools.org)

**To Whom It May Concern,**

**The Goodwell School District is asking for an Alternative Education Waiver because we have less than 10 students enrolled in our Alternative Education Program and we are the only school that services these students in a 20 mile radius.**

**Edward Smith  
Superintendent  
Goodwell Public Schools**