



OFFICE OF ADULT EDUCATION

Licensed Teacher Waiver Form (Renewal)

MUST BE APPROVED BEFORE REHIRING

Date:

Requestor's Information:

Local Education Agency (LEA):

Name:

Position:

E-mail:

Instructor's Information:

Name:

Number of
Hours/Week:

Salary:

Employment:
Full-Time
Part-Time

Justification:

List class(es) for waiver.

Analyze student performance under the teacher's instruction using NRS Tables 4 and 4B. What are the strengths? What levels need improvement? How will these improvements be implemented?

Rationale for waiver continuation:

Current percent of instructors without an Arkansas Teaching License:

Include the following documents**:

NRS Table 4

NRS Table 4B

*E-mail the completed form to adulted@arkansas.gov along with **ALL** required documents.*

Note*: Only 25% of a program's instructional staff can be comprised of non-licensed instructors who hold a Master's Degree in Mathematics, Reading & Language Arts, English, Social Studies, Science, English as a Second Language or other closely related field.

Note**: Application will not be processed without **ALL** required documents.

Note***: Renewal waivers must be resubmitted and approved every two years.

Office of Adult Education - (Office Use Only):

Approved:

State Director's Signature:

Approval Date:

Yes

No

Waiver is valid through:

Start Date:

End Date: