

WAIVER FOR NON-CERTIFIED TEACHER(S)

It is my understanding that the teacher(s) listed below are presently not certified to instruct GATE classes. I am requesting a waiver for the teacher(s) below with the understanding they will enroll in and complete a GATE certification class.

TEACHER ID#	TEACHER NAME	SUBJECT/COURSE NO.	SUBJECT/COURSE NAME	# OF PERIODS (SECONDARY ONLY)	REASON FOR WAIVER

I understand that this waive is only valid for the current school year. I will work with the teacher(s) to ensure that certification will be completed as soon as possible.

Site Name

Site Administrator's Signature

Date

I understand this waiver is only valid for the current school year and will apply for the next session of certification training as soon as possible. I also understand that if I do not comply with the guidelines for GATE teachers, my administrator can be asked to move me to another class/section that is not designated GATE.

Teacher's Signature

Date

Teacher's Signature

Date

Teacher's Signature

Date

GATE OFFICE USE ONLY – DO NO WRITE BELOW THIS LINE

Date Received: _____

Approved: _____

Not Approved: _____

Reason for no approval: _____

GATE Program Office

Date