

Sandy Garrett
State Superintendent of Public Instruction
Oklahoma State Department of Education
Safe and Drug-Free Schools

TITLE IV - PROGRAM WAIVER REPORT

District _____ County _____

The district applied for and was granted a Program Waiver in the Title IV Safe and Drug-Free Schools program for school year 2008-2009. Concisely address the following statements to provide proof of program effectiveness by **Friday, June 12, 2009**. You may need to use additional sheets for your responses.

Mail documentation to the Oklahoma State Department of Education, Safe and Drug-Free Schools, 2500 North Lincoln Boulevard, Suite 315, Oklahoma City, Oklahoma 73105. If you have questions, contact the Title IV office at (405) 521-2106.

1. Describe the prevention or early intervention program used.
2. What is the rationale for using this program in lieu of a research-based program?
(Example: Show how performance measures linked to your needs.)
3. What strategies were used in the implementation of this program?
(Example: How was the program delivered, the population served, etc.)
4. What tracking instrument(s) were used to collect outcome data? (**Attach your sample**).
5. Describe how the program's measurable outcomes achieved the district goals and objectives stated on your Title IV program application for this school year. (Attach data).

District Superintendent _____ Date _____

For SDE STAFF: Based on the data attached, program effectiveness was proven by meeting the goals and performance indicators identified on the school district's Title IV application for 2008-2009.

_____ Yes _____ No

SDE Staff Signature _____ Date _____