

EQUIVALENCY APPLICATION

XII.A.1.B.

N.J.A.C. 6A:5COUNTY HUNTERDON COUNTY CODE # 19SCHOOL DISTRICT FRANKLIN TOWNSHIP DISTRICT CODE # 1600

"EQUIVALENCY" means approval to achieve the intent of a specific rule through an alternate means that is different from, yet judged to be comparable to or as effective as, those prescribed within the rule.

1. List the Administrative Code citation(s) that necessitates the proposed equivalency. As the Department cannot approve an equivalency to an entire chapter, subchapter or section (e.g., N.J.A.C. 6A:5; N.J.A.C. 6A:5-1; or N.J.A.C. 6A:5-1.1, respectively), all applications must include a citation at least at the subsection level (e.g., N.J.A.C. 6A:5-1.1(a)).

N.J.A.C. 6A:30-3.1(a)-(d) and 3.2

2. Describe what the school district intends to accomplish that is currently prevented or disallowed by the existing rule(s).

The district is requesting relief from having to complete the Quality Single Accountability Continuum (QSAC) District Performance Review (DPR) and from undergoing QSAC monitoring.

3. Describe why an equivalency is necessary to accomplish the desired or measurable result(s). Describe the proposed equivalent.

N.J.A.C. 6A:30-3.1(a)-(d) and 3.2 require the district to complete a DPR for all five components of QSAC. The Department of Education established an equivalent process that allowed high performing districts to demonstrate continued compliance with QSAC regulations. This equivalent process involved the Department's review of the district's 2015-16 QSAC Statement of Assurance and analysis of other critical QSAC indicators in each of the five mandated areas. The district successfully met these requirements.

4. Describe the process, including solicitation of input and public comment, employed to inform the community, parents, district board of education members, administrators, and staff in the proposal's development.

5. List the date the district board of education adopted a resolution supporting the proposed equivalency: _____.

I, _____, certify that the information presented in this application is true and accurate to the best of my knowledge.

CHIEF SCHOOL ADMINISTRATOR_____
SIGNATURE_____
DATE