

Waiver Annual Screening Checklist (FY 2025)

Use this checklist to verify that your LEA has met all regulatory requirements for IPPs or Waivers.

LEA NAME: _____ Application Number: _____

IPP WAIVER LETTER

WAIVER - Waiver letter date (Month/Day/Year) _____

Y/N	Requirement	Notes/Page No.
	Does the tribe state that the LEA need not comply with §222.94 because the tribe is satisfied with the LEA's provision of educational services to the tribe's students?	
	Was the tribe provided a copy of the requirements in §222.91 and §222.94?	
	Does the tribe understand the requirements that are being waived?	