ED STEPS Extension and Flexibility Requests

This form should be used to request any flexibility to the ED STEPS Process such as a deadline extension.

An educational organization is required to submit an Extension and Flexibility Request Form when asking the Ohio Department of Education and Workforce to consider providing the entity flexibility to the steps, timelines or norms established under the ED STEPS process. These requests will be considered by ED STEPS leadership in a timely manner.

In order for this request to be considered complete, it must be signed by the educational organization's superintendent and treasurer.

Time frame to Submit a Flexibility Request.

All requests should be submitted with consideration to the particular significance and timing of the flexibility the entity is requesting. For example, if the entity is seeking an extension to an important deadline or timeline that must be met, the entity should provide the formal request as soon as practicable. Key stakeholders should be involved with decisions and all efforts to meet the ED STEPS timelines should be exhausted and options explored prior to submitting a formal flexibility request to the Department.

How to submit this form?

All completed and signed forms need to be emailed to ED STEPS mailbox. Please submit to: EDSTEPS@education.ohio.gov

What happens next?

We'll send you an email response indicating that Ohio Department of Education and Workforce has received your extension request. If there is a problem, like if it's missing information or we need clarification, we'll tell you what's missing and how you can provide additional information.

We'll review your request, including all documentation you have provided. We may contact you to request additional information or to discuss your extension request. You will receive a follow up email with a decision letter.

Questions

Please refer all questions to the ED STEPS mailbox. EDSTEPS@education.ohio.gov

ED STEPS Flexibility Request

District Name:

District IRN:

Superintendent Name:

Treasurer Name:

Check Confirmation that Superintendent and Treasurer are aware of and supportive of request.

Rationale for requesting the Flexibility:

Superintendent Signature: _____ Date: _____

Treasurer Signature: _____ Date: _____

Decision:
☐Approved
☐Declined; Why?

ED STEPS Representative Signature: _____ Date: _____