

Janet C. Barresi  
State Superintendent of Public Instruction  
Oklahoma State Department of Education  
Special Education Services

**CASELOAD/CLASS SIZE  
REQUEST FOR EXCEPTION**

School District Name & No. \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

School Year \_\_\_\_\_ E-mail Address \_\_\_\_\_

The following information is needed to process your request for exception to caseload/class size limits of a special education teacher in your district. This information is to be completed for each teacher request. Other information may be requested and on-site program reviews may be scheduled prior to approval.

Teacher's Name and Certification Number \_\_\_\_\_

List valid areas of certification for special education and related services: \_\_\_\_\_

\_\_\_\_\_

Teacher's special education position

Full-time: Yes \_\_\_\_ No \_\_\_\_

Part-time: Yes \_\_\_\_

No \_\_\_\_

If part-time, indicate %, amount of time \_\_\_\_\_

Does teacher have other instructional or administrative assignments not indicated in daily schedule for special education classes? Yes \_\_\_\_ No \_\_\_\_

If yes, describe \_\_\_\_\_

\_\_\_\_\_

Does teacher's service delivery require travel to:

• various sites within the district? Yes \_\_\_\_ No \_\_\_\_

• within Coop area schools? Yes \_\_\_\_ No \_\_\_\_

• other instructional locations? Yes \_\_\_\_ No \_\_\_\_

(e.g., hospitals, homes, institutions, etc.)

Does teacher's schedule include a planning, preparation, consulting period?

Yes \_\_\_\_\_ No \_\_\_\_\_