



OKLAHOMA STATE  
DEPARTMENT of EDUCATION  
Special Education Services

CASELOAD/CLASS SIZE  
REQUEST FOR EXCEPTION

School District Name and Number \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

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

School Year \_\_\_\_\_ Email Address \_\_\_\_\_

The following information is needed to process your request for exception to caseload/class size limits of special education 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:

\_\_\_\_\_  
\_\_\_\_\_

Please mark which you are requesting: Caseload \_\_\_\_ Class size \_\_\_\_

Teacher's special education position:

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

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

Does this 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 \_\_\_\_

Does teacher's schedule include planning, preparation, or consulting period? Yes \_\_\_\_ No \_\_\_\_