



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 an exception to caseload/class size limits of special education in your district. This information is to be completed for each teacher's 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 the daily schedule for special education classes? Yes ____ No ____

If yes, describe

Does teacher's service delivery require travel:

- Various sites within the district Yes ____ No ____
- Within Coop area schools Yes ____ No ____
- Other instructional locations Yes ____ No ____

Does the teacher's schedule include planning, preparation, or consulting period? Yes__ No ____

Submit this request for caseload/class size exception to
**Oklahoma State Department of Education Special
Education Services**
2500 North Lincoln Boulevard, Suite 411
Oklahoma City, OK 73105