

Caseload/Workload & Class Size Request for Exception

School District Name: _____ County/District Code: _____

Contact Person: _____ Telephone Number: _____

School Year: _____ Email Address: _____

The following information is needed to process your request for exception to caseload/workload & class size limits of special education in your district. This form is to be completed for each teacher's request. Other information may be requested, and on-site program review may be scheduled before approval.

Teacher's name: _____ Teacher certification number: _____

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

Please mark all areas you are requesting exception for: Caseload: _____ Class Size: _____

Teacher Special Education Position: Full time: Yes _____ No _____

If part time, indicate the %, 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 the teacher's service delivery require travel to

- Various sites within the district Yes _____ No _____
- Within COOP/Interlocal area schools Yes _____ No _____
- Other instructional locations Yes _____ No _____

Does the teacher have Paraprofessionals assigned

- To an individual student? If so, how many Paraprofessional(s)? _____
- To the classroom? If so, how many Paraprofessional(s)? _____
- Are your Paraprofessional(s) pulled to substitute for absent teachers in the district?
Yes _____ No _____ If so, how often? _____