

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 a 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: _____

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 ___

Does teacher's schedule include planning, preparation, consulting period? Yes ___ No ___