

ASSURANCE

As Chief Administrative Officer of _____
Public Schools, I assure by my signature that this request for exceptions to caseload/class size shall not interfere with the provision of a free appropriate public education and implementation of IEPs as developed to meet the educational needs of the children served. I further assure that each child's placement is based on the IEP in accordance with Least Restrictive Environment requirements, including consideration for any potential harmful effects to the child or the quality of the program. Teacher assistants, paraprofessionals, and other support services will be used as necessary. I understand that this request, if approved, applies only to this school year.

Chief Administrative Officer

Title

Date

Submit this REQUEST FOR CASELOAD/CLASS SIZE EXCEPTION to:

**Oklahoma State Department of Education
Special Education Services
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599**

For further information/questions, contact Special Education Services at (405) 521-3351.