Request for Class Size/Caseload Waiver
Summary

LEA Name: _____ LEA Number: _____ Date Submitted: _____

District: _____

The LEA has identified noncompliance in class size/caseload requirements established by the NC *Policies Governing Services for Children with Disabilities* [NC 1508-1,2,3,4].

The table below summarizes the waivers requested by the LEA. The individual class size/caseload waivers are attached.

School Name	Name of Teacher/Service Provider	Class Period		Was a waiver requested for this class/caseload during the last reporting period?	
		Start Time	End Time	Yes	No

Submitted by:

_____ _____

LEA EC Director/Coordinator or Designee Date

Revised 7.11.16