

LEA Name: \_\_\_\_\_  
 School: \_\_\_\_\_

District: \_\_\_\_\_

Staffing Profile		
Service Provider Name		
Type of Service		
Speech		
OT		
PT		

**FTE Allocation**

Workload Calculation

A. Total IEP hours per week assigned to provider

B. Multiplier (see FTE Guidance to select)

C. Multiply A x B =

D. C divided by hours available for IEP services per week =

*Any value exceeding 1.0 in box D may result in the waiver not being approved.*

If supervising assistant(s), enter data below:

Special Factors	
Total number of students served	<input type="text"/>
Number of Speech Primary students (SLP only)	<input type="text"/>
Number of assistants supervised	<input type="text"/>
Number of hours worked/week	<input type="text"/>
Number of sites, CURRENTLY serving (schools, work sites, daycare facilities, etc.)	<input type="text"/>
Number of hours/week for specialty team assignments/additional duties	<input type="text"/>
Number of hours/week spent traveling	<input type="text"/>
Average weekly mileage	<input type="text"/>

Request for Approval	
<i>A Class Size/Caseload Waiver is requested for approval to EXCEED the maximum requirements outlined in NC Policies Governing Services for Children with Disabilities [NC 1508-1,2,3,4]</i>	
<input type="text"/>	<input type="text"/>
Principal/Supervisor Signature	Date
<input type="text"/>	<input type="text"/>
EC Director/Coordinator's Signature	Date
<input type="text"/>	<input type="text"/>
Superintendent/Lead Administrator's Signature	Date
<input type="text"/>	<input type="text"/>

THERAPY ASSISTANT DATA	
Number of students served	<input type="text"/>
Number of IEP hours/week	<input type="text"/>
Number of hours worked/week	<input type="text"/>
Number of sites CURRENTLY serving	<input type="text"/>

For DPI Use Only	
<input type="text"/>	Approved
<input type="text"/>	Not Approved
Consultant Signature	<input type="text"/>
Date	<input type="text"/>