

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

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

Request for Class Size/Caseload Waiver

School: \_\_\_\_\_

2018-2019 SY

Class Profile		Unique Needs		Staffing Profile		
Total Number of Students		Grade	# Students		# Students	Teacher Name
		Pre-K				
		K				Total Teacher Caseload
		1st				
		2nd				
		3rd				
		4th				
		5th				
		6th				
		7th				
		8th				
		9th				
		10th				
		11th				
		12th				
		<b>Class Period</b>				
		Start				
		End				
		Number of Assistants				
Level of Services/Supports		<b>Mobility Issues</b>		<b>Health Care Plans</b>		<b>For DPI Use Only</b>
General		Walkers		Catheter		
Targeted		Wheelchairs		Ventilator		
Sustained		Requires Lifting		Tube Feeding		
Intensive		Gait Trainers		Requires Nursing		
<b>Instruction</b>		Positioning Equipment		Seizures		
Standard CoS		Other: _____		Apnea		
Occupational CoS		<b>Behavior Plan</b>		Suctioning		
Extensions of SCoS		Aggression		Oxygen		
<b>Eligibility Category</b> (count all that apply)		Self-Injurious Behavior		<b>Daily Care</b>		
Autism		Elopement		Personal Attendant		
Deaf-Blindness		CPI Restraint		Other: _____		
Deafness		Other: _____		<b>Assistive Technology (AT)</b>		
Developmental Delay		List AT required for students present during this class period.				
Emotional Disability						
Hearing Impairment						
Intellectual Disability						
Multiple Disabilities						
Orthopedic Impairment						
Other Health Impairment						
Sp. Learning Disability						
Speech/Language Imp.						
Traumatic Brain Injury						
Visual Impairment						
		<b>Request for Approval</b>				
		<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>				
		Principal/Supervisor Signature		Date		
		EC Director/Coordinator's Signature		Date		
		Superintendent/Lead Administrator's Signature		Date		