LEA Name: _____ District: _____ Request for Related Services Caseload Waiver

School: _____ 2016-2017 SY

Staffing Profile

Service Provider Name

Type of Service

SLP	
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 <u>hours available for IEP services per week</u>   =

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

Special Factors

Number of IEP hours per week	
Number of students on caseload	
Number of therapy assistants supervised	
Number of weekly hours for specialty team assignments/additional duties	
Number of sites served (schools, work sites, daycare facilities, etc.)	
Number of hours/week spent traveling	
Average monthly mileage	

Request for Approval

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]

Principal/Supervisor Signature   Date

EC Director/Coordinator's Signature   Date

Superintendent/Lead Administrator's Signature   Date

For DPI Use Only

		Approved
		Not Approved
Consultant Signature		
Date		

PUBLIC SCHOOLS OF NORTH CAROLINA
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